

MUNICIPAL COURT
448 E. 1st STREET
SALIDA, CO 81201
(719)539-6426
FAX (719)530-2619

RELEASE OF RECORDS REQUEST FORM

Name of Requester: _____ Request Date: _____

Mailing Address of Requester: _____

Representing: _____

Phone Number: _____ FAX Number: _____

Type of Record Requested:

_____ Certified copy of Original Summons

_____ Disposition of Charges

_____ Other - please specify _____

Charge: _____ Violation Date: _____

Defendant's Name: _____ Date of Birth: _____

Affirmation by Requestor:

Per CRS Sec. Sec. 24-72-305.5 – Records of official actions and criminal justice records, and the names, addresses, telephone numbers and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. The official custodian shall deny any person access to records of official actions and criminal justice records unless such person signs a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain. By signing below, I affirm that I shall not use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such violation is a Class 3 misdemeanor under Colorado Revised Statutes. I further agree to be bound by this statement for further requests I might make on behalf of _____

(self or company)

Requester's Signature: _____

Date: _____

Comments: _____
