



GILPIN COUNTY SHERIFF'S OFFICE

CITIZEN REQUEST

FOR COPY OF COMMUNICATIONS/AUDIO/VISUAL MEDIA

\$25 FOR FIRST COPY AND \$10 FOR EACH DUPLICATE

Date of request: _____

Gilpin case report #: _____ Agency: _____

Defendant: _____

Date of incident: _____ Time of incident: _____

Location of incident: _____

Type of incident: _____

Person/agency requesting media: _____

Contact phone number: _____ Email address: _____

of copies requested: _____

TYPE OF RADIO TRAFFIC NEEDED	LAW	FIRE	EMS	ALL
TYPE OF PHONE TRAFFIC NEEDED	NON-EMERGENT		911	ALL
COPY OF CAD ENTRY NEEDED	YES	NO		
TIME CONDENSED FORMAT	YES	NO		

(silence skipped - selecting NO could result in multiple cd's)

-INTERNAL USE ONLY

DATE REQUEST REC'D: _____ REC'D BY: _____

SUPERVISOR APPROVING RELEASE: _____ DATE APPROVED: _____

MEDIA MADE BY: _____ DATE MEDIA MADE: _____ # OF CD'S MADE _____

MEDIA RELEASED TO (Name/Agency): _____

SIGNATURE OF PERSON RECEIVING MEDIA: _____

DATE OF RELEASE: _____ RELEASED BY: _____

NOTES: _____
