

APPLICATION FOR REGISTERED SEX OFFENDER INFORMATION
18-3-412.5, C.R.S

Mail this completed form, form must be signed, and a check or money order made out to City of Colorado Springs to:

Colorado Springs Police Department
Attn: Records Release
705 S. Nevada Avenue
Colorado Springs, CO 80903

Your Name: _____

Address: _____

City _____ State _____ Zip: _____

Telephone: _____

Driver's License: _____ State: _____

I am a resident of the City of Colorado Springs, Colorado.

I am requesting sex offender information for the following:

Zip Code(s) _____, _____, _____, _____
(Fee: \$6.00 up to 5 pages, \$0.25 per page thereafter)

The complete sex offender list on CD for the city of Colorado Springs.
(CD fee: \$6.00. This does not include booking photographs)

The complete sex offender list for the city of Colorado Springs.
(Report fee: \$6.00 up to 5 pages, \$0.25 per page thereafter. Fee in 2008 around \$150.00)

Police Department Neighborhood Watch Program. (Can only be requested by Neighborhood Watch Captain and verified with Neighborhood Police Unit. Fees waived for area of neighborhood only.)

If booking photograph is needed please fill out the Booking Photograph Request Form.

If a background check is needed please fill out the Background Check Request Form.

I understand that the information received as a result of this request is confidential and for my own personal use to adequately protect myself and/or my family from these persons. This information will not be used to inflict retribution or additional punishment on any person convicted of an offense involving unlawful sexual behavior. **This information will not be used for direct solicitation of business for pecuniary gain. (24-72-305.5 C.R.S.)**

(Signature of Requestor)