

AUTHORIZATION TO REVIEW POLICE RECORDS

TO: PAGOSA SPRINGS POLICE DEPARTMENT RECORDS DIVISION

DATE: _____

FROM: CHRISTY M. SCHAEERER, EXECUTIVE DIRECTOR
BIG BROTHERS BIG SISTERS OF SOUTHWEST COLORADO

This will authorize my representative, Big Brothers Big Sisters of Southwest Colorado, to review and obtain copies, of all information filed with the police department as well as information obtained through the Pagosa Springs Police Department. I agree to indemnify and hold harmless the Town of Pagosa Springs and the Pagosa Springs Police Department and any of its employees against any liabilities as a result of my representative reviewing information on file with the Pagosa Springs Police Department.

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

SIGNATURE _____

RESULTS OF INQUIRY: