

**AFFIDAVIT OF RELEASE AND REQUEST
FOR COPIES FROM DENVER POLICE DEPARTMENT INTELLIGENCE FILES**

Denver Public Library – Western History/Genealogy
10 West Fourteenth Avenue Parkway
Denver, Colorado 80204-2731
720-865-1821

I, _____, hereby waive my privacy interest in any of the
(Printed Name)

Denver Police Department Intelligence Files concerning the

(Group / Organization Name)

or any variation thereof, for the release of the Denver Public Library. I release the City and County of Denver and the Denver Public Library from any and all civil liability in relation to the release of my name pursuant to compliance with this waiver. I understand that the Denver Public Library will restrict inspection to one representative for each organization or entity. I acknowledge that

_____ is the authorized representative of the
(Printed Name)

_____ for the purpose of requesting the Denver
(Group / Organization Name)

Police Department Intelligence Files and that he is authorized to secure any file(s) relating to the specified organization including any un-redacted appearance of my name in such files.

My address is: _____
(Street Address, City, State, Zip Code)

My telephone number is: _____
(Area code) (Phone number)

Name: _____ Date: _____
(Signature)

STATE OF COLORADO

City and County of Denver

SUBSCRIBED and SWORN to this _____ day of _____, 2006, by

_____, as being true and correct to the best of his/her
knowledge, information and belief.

Notary Public

My Commission expires: _____