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Return the comple	ted form to the Range	ely Police Department in	person or by the r	nailing address
at the bottom of t	ne page or email to <u>rp</u>	d@rangelyco.gov.		
Date of Request				
Applicant's Name			Applicant's DOB	
Applicant's Phone#			-	
Applicant's Email			_	
Applicant's Address			_	
Type of Report Request	ed:			
Traffic Accide		Offense/Inciden	t [Other
Custody/Arre	st/Summons			
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