



Commerce City Police Department

7887 E 60th Ave, Commerce City, CO, 80022

Phone: 303-287-2844 www.c3gov.com

Colorado Criminal Justice Records Request

The City may require and collect a 50% advance deposit of estimated research, retrieval, and duplication fees for any public information and open record requests that will take significant staff time and resources to complete.

APPLICANT INFORMATION

DATE OF REQUEST: _____ CASE REPORT NUMBER: _____

PERSON REQUESTING RECORDS: _____ DATE OF BIRTH: _____

REPRESENTING (NAME OF FIRM/BUSINESS): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ WORK PHONE #: _____

EMAIL ADDRESS: _____

(Required for digital image(s) or recording(s), which will be emailed as a download link to the above address)

LOCATION OF INCIDENT: _____ DATE/TIME OF INCIDENT: _____

INVOLVED PARTIES: _____ DATE OF BIRTH: _____

INVOLVED PARTIES: _____ DATE OF BIRTH: _____

INVOLVEMENT TYPE: VICTIM WITNESS SUSPECT ARRESTEE INVOLVED

RECORD(S) REQUESTED: INCIDENT REPORT ACCIDENT REPORT ARREST RECORD DIGITAL IMAGE(S)

CALL FOR SERVICE DIGITAL RECORDING(S)

I, _____, have requested the release of a record and/or digital evidence. I understand, according to Colorado Revised Statute 24-72-305.5, that records of official actions and criminal justice records, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. I affirm that I will not use the record(s), or any portion of the record(s) requested for the purpose of soliciting business for pecuniary gain.

SIGNATURE: _____ DATE: _____



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RECORDS USE ONLY

I.D. VERIFIED: YES NO

ID#: _____

RELEASED: YES NO

DATE RELEASED: _____

NUMBER OF PAGES/ITEMS RELEASED: _____

TOTAL \$ AMOUNT PAID: _____

APPROVAL: APPROVED DENIED

IF DENIED OR NOT CHARGED – REASON: _____

REDACTION REQUIRED: YES NO

REDACTION INSTRUCTIONS: _____

SIGNATURE: _____ DATE: _____

CITY ATTORNEY ONLY

BWC REDACTION REQUIRED: YES NO

SPECIAL INSTRUCTIONS: _____

SIGNATURE: _____ DATE: _____

PROPERTY AND EVIDENCE ONLY - THE FOLLOWING SERVICES WERE PROVIDED AS A RESULT OF THIS REQUEST:

_____ NUMBER OF DIGITAL MEDIA _____ AMOUNT DUE

_____ HOURS/MINUTES OF RESEARCH/REDACTION

SIGNATURE OF RESEARCHER/CUSTODIAN: _____ DATE: _____