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: ________________________________
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:__________________