Commerce City Police Department

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

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

Law Enforcement Records Request

All reports must be paid for in advance. Reports will not be released until payment is received.

APPLICANT INFORMATION

DATE OF REQUEST: _____

PERSON REQUESTING RECORDS:_____ DATE OF BIRTH: _____

REPRESENTING (NAME OF FIRM/BUSINESS):_____

ADDRESS: _____

CITY: _____ STATE:_____ ZIP:_____

HOME PHONE #:_____ WORK PHONE #:_____

EMAIL ADDRESS: _____

CASE REPORT NUMBER: _____ REPORT DATE: _____

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

INVOLVED PARTIES: _____DATE OF BIRTH: _____

INVOLVED PARTIES: _____ DATE OF BIRTH: _____

INVOLVEMENT TYPE: ☐ VICTIM ☐ WITNESS ☐ SUSPECT ☐ COMPLAINANT ☐ ARRESTEE ☐ INVOLVED

RECORD(S) REQUESTED: ☐ INCIDENT REPORT ☐ ACCIDENT REPORT ☐ ARREST RECORD ☐ DIGITAL MEDIA

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 <u>not</u> 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:_____

FOR OFFICIAL USE ONLY

☐ YES ☐ NO

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I.D. VERIFIED: _____   ID#:_____

RELEASED: ☐ YES   ☐ NO   PREPARED BY: _____

RELEASED BY: _____   AMOUNT DUE: _____
(BADGE # AND INITIALS)

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: _____

_____

RECORDS ONLY - THE FOLLOWING SERVICES WERE PROVIDED AS A RESULT OF THIS REQUEST:

_____NUMBER OF PAGES PRINTED

SIGNATURE   OF   RESEARCHER/CUSTODIAN: _____DATE:_____

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

_____NUMBER OF DIGITAL MEDIA

_____HOURS/MINUTES OF RESEARCH/REDACTION

SIGNATURE OF RESEARCHER/CUSTODIAN: _____DATE:_____