



Jefferson County Communications Center Authority

433 S Allison Pkwy Lakewood, CO 80226 • Phone (303) 539-9412 • Fax (303) 539-9585

DISPATCH AND RECORDS REQUESTS

THIS IS A REQUEST FOR A RECORDS SEARCH ONLY. RECORDS MAY NOT BE AVAILABLE FOR RELEASE.

RESEARCH AND PROCESSING FEES ARE NON-REFUNDABLE.

PLEASE PRINT OR TYPE IN THE SPACES PROVIDED

TO REQUEST CRIMINAL JUSTICE RECORDS

CHECK THIS BOX IF YOU ARE A VICTIM OF THE CRIME DETAILED IN THE REQUESTED REPORT
(PURSUANT TO C.R.S. SECTION 24-4.1-302)

APPLICANT _____ DOB _____

ADDRESS _____ TELEPHONE _____

I.D. VERIFIED

CITY, STATE, ZIP _____ DATE OF REQUEST _____

THE FOLLOWING INFORMATION IS NEEDED TO IDENTIFY THE CORRECT RECORD.

TYPE OF INCIDENT _____ DATE & TIME OF INCIDENT _____

LOCATION OF INCIDENT _____

SUBJECT'S NAME _____ SUBJECT'S DOB _____

APPLICANT'S REASON FOR REQUEST _____

REQUEST THE RELEASE OF: (Check each that Apply)

Please indicate the information you desire, and/or list each public record requested. Per C.R.S. §24-72-203(3)(b), please allow a minimum of three business days to process requests. In extenuating circumstances, an additional seven days may be needed to produce the records requested.

- 911 AUDIO/PHONE
- 911 AUDIO/RADIO
- DISCOVERY REQUEST
- CAD
- POLICY MANUAL

THE UNDERSIGNED HEREBY AFFIRMS THAT UPON RECEIPT OF CRIMINAL JUSTICE RECORDS FROM JEFFCOM, SUCH RECORDS SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN, AND THAT ANY BOOKING PHOTOGRAPHS OBTAINED WITH THIS REQUEST WILL NOT BE PLACED IN A PUBLICATION OR POSTED TO A WEB SITE THAT REQUIRES THE PAYMENT OF A FEE OR OTHER EXCHANGE FOR PECUNIARY GAIN IN ORDER TO REMOVE OR DELETE THE BOOKING PHOTOGRAPH FROM THE PUBLICATION OR WEB SITE, PURSUANT TO SECTION 24-72-305.5, C.R.S.

SIGNATURE _____ DATE _____

FOR INFORMATION ON JUVENILE RECORDS:

NAME OF JUVENILE _____ DOB _____

RELATIONSHIP TO JUVENILE _____

I SWEAR OR AFFIRM THAT MY RELATIONSHIP TO THE ABOVE LISTED JUVENILE IS TRUE AND CORRECT.

SIGNATURE _____ DATE _____

Applicant Name _____ Date _____

JEFFCOM USE ONLY

\$25 DEPOSIT FOR AUDIO
\$10 DEPOSIT FOR COPIES

FORM OF PAYMENT:

DATE:

REC'D by INITIALS:

ADDITIONAL CHARGES:

_____ Copies @ \$0.25 per page \$ _____

_____ Research hours @ \$30/hour (excluding 1st hour) \$ _____

_____ Flash Drive or CD copy @ \$25 (excluding the 1st disc) \$ _____

TOTAL DUE: \$ _____ *

**A deposit is required on all requests. Deposits are non-refundable. Payment of any additional charges are due before release of the records.*

Fee Paid: _____ Form of Payment: _____ Date: _____ Rec'd by Initials: _____

Referred to: _____ REQUEST APPROVED REQUEST DENIED

Technician Signature: _____ Date _____

Comments (reason if denied): _____

MAIL AFTER APPROVAL WILL PICK UP _____

ALL REPORTS NOT PICKED-UP BY THE APPLICANT WITHIN 30 DAYS WILL BE DESTROYED