



**Jefferson County Communications Center Authority**

433 S Allison Pkwy Lakewood, CO 80226 • Phone (303) 539-9426

**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 \_\_\_\_\_

EMAIL \_\_\_\_\_ (correspondence will be made via phone or email regarding your request)

***THE FOLLOWING INFORMATION IS NEEDED TO IDENTIFY THE CORRECT RECORD.***

TYPE OF INCIDENT \_\_\_\_\_ DATE & TIME OF INCIDENT \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

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 after agency approval is received. In extenuating circumstances, an additional seven days may be needed to produce the records requested.*

- CAD (PRINTED SYNOPSIS OF CALL AND RADIO LOG)     911/PBX PHONE CALL AUDIO     RADIO AUDIO

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

INITIAL PAYMENT REQUIRED:

\$25 FOR AUDIO (first disc)  
\$10 FOR COPIES (first 20 pages)

FEE PAID: \_\_\_\_\_

FORM OF PAYMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

REC'D by INITIALS: \_\_\_\_\_

ADDITIONAL CHARGES:

\_\_\_\_\_ Copies @ \$0.25 per page (excluding the first 20 pages) \$ \_\_\_\_\_

\_\_\_\_\_ Research hours @ \$30/hour (excluding 1<sup>st</sup> hour) \$ \_\_\_\_\_

\_\_\_\_\_ CD copy @ \$25 (excluding the 1<sup>st</sup> disc) \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_ \*

*\* 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