



4000 Justice Way, Castle Rock, CO 80109 Office: 303-660-7545 Fax: 303-688-2602

## RECORDS REQUEST

**Please print clearly**

Date/Time of Request: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Requestor Company/Agency: \_\_\_\_\_

Requestor Address: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_

Requestor Email Address: \_\_\_\_\_

Requestor Driver's License # State: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of Party Involved: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Party Involved: \_\_\_\_\_ DOB: \_\_\_\_\_

### **Reports Requested:**

- Accident Report  Criminal/Incident Report  Citation/Ticket  Booking Card  Booking Photo  
 Photos  Dispatch Tapes  Body worn Camera  In-Car Video  Jail Medical  Jail Video  
 Other: \_\_\_\_\_

I affirm this copy of record and/or booking photo shall not be used for the direct solicitation of business for pecuniary gain. (C.R.S. 24-72-305.5)

Signature of Requesting Party: \_\_\_\_\_

***\*Please note we will contact you within 72 business hours to verify receipt of request***

If records are not picked up within 21 business days of completion notification, the records will be destroyed, and a new request will be required to be completed.

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**For office use only: to be completed on the back side of request**