



CASTLE ROCK POLICE DEPARTMENT

REQUEST FOR CRIMINAL JUSTICE RECORDS SEARCH

The Castle Rock Police Department will provide, for the public, records which are legally allowed in accordance with Colorado Revised Statutes, 24-72-201 through 206, concerning Inspection, Copying, Photographing Public Records, and 24-72-301 through 309 concerning Criminal Justice Records. To request a copy of a record you MUST complete this form, which will be retained in the file of the requested record. Processing may take up to three (3) working days if the record requested is inactive, unusually extensive, or needs to be reviewed by the CRPD Administration. Should your request be denied, you may request a written explanation.

INCIDENT INFORMATION

Case Number: (if known) [input box]

Date/Time of Incident: [input box] [input box] AM PM

Location of Incident: [input box]

Person(s) Involved: [input box] [input box] Male Female DOB: [input box]

[input box] [input box] Male Female DOB: [input box]

Incident Type: Accident* Arrest Summons Crime: [input box] Other: [input box]

*If the accident occurred after 11/01/2014, please make your request at: https://ecrash.lexisnexis.com/

REQUESTOR INFORMATION

First Name [input box] MI [input box] Last Name [input box]

Agency [input box] Phone [input box]

Address [input box] Fax [input box]

City [input box] State [input box] Zip Code [input box] Email [input box]

Check this box if you are a victim to the incident or a Parent/Legal Guardian of a victim to the incident

DELIVERY

- Requestor will Pick Up
 Mail to Requestor Address
 Email to Requestor

PAYMENT

- Cash
 Check
 Credit Card

I HEREBY AFFIRM THAT I SHALL NOT USE THE REQUESTED INFORMATION FOR SOLICITATION OF BUSINESS FOR MONETARY / PECUNIARY GAIN, AND ACKNOWLEDGE THAT SUCH VIOLATION IS A CLASS 3 MISDEMEANOR OFFENSE UNDER C.R.S. 24-72-309.

X Signature of Requestor (REQUIRED)

OFFICE USE ONLY

Date Received: [input box] Records Specialist: [input box]

Disposition: Approved Denied Date Completed: [input box]

Referred to: [input box]

If Denied, Reason: [input box]