



Northglenn

50 W. Community Center Dr, Northglenn, CO 80234 / policerecords@northglenn.org / 303-450-8892

NORTHGLENN POLICE DEPARTMENT Records Inspection Request Form

Date of Request: / /	Requester:		
Phone:	Address:		
Alt #:	City:	State:	Zip:
EMAIL:			

I AM, OR REPRESENT THE ATTORNEY OF RECORD FOR THE BELOW NAMED PARTY.

TYPE OF REPORT:	<input type="checkbox"/> Arrest	<input type="checkbox"/> CFS	<input type="checkbox"/> Crash	<input type="checkbox"/> Crime	<input type="checkbox"/> Photos	<input type="checkbox"/> Video	<input type="checkbox"/> Other: _____
Incident Date:	_____			Incident Time:	_____		
Incident Location: _____							
Person(s) Involved/DOBs: _____ _____							
CASE #	_____	CASE #	_____	CFS #	_____	CASE #	_____
CASE #	_____	CASE #	_____	CFS #	_____	CASE #	_____

** The processed request will be destroyed after 30 days if payment is not received. **

C.R.S. 24-72-305.5 provides that the records custodian shall deny any person access to criminal justice records unless a statement is signed which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.
I AFFIRM THAT I SHALL NOT USE THE REQUESTED INFORMATION FOR SOLICITATION OF BUSINESS FOR MONETARY/PECUNIARY GAIN AND ACKNOWLEDGE THAT SUCH IS A VIOLATION PUNISHABLE AS A CLASS 3 MISDEMEANOR UNDER C.R.S. 24-72-309.

SIGNATURE: _____ **DATE:** _____

ATTESTATION FOR JUVENILE RECORDS

I, _____, hereby attest to being the parent, guardian, or legal custodian of the juvenile(s) named below.

SIGNATURE: _____ **DATE:** _____

Juvenile Name(s): _____

>>> For Police Department Use Only <<<

Processed by PRS: _____ on _____ / _____ / _____	Released by PRS: _____ on _____ / _____ / _____		
Remarks:	CHECK ONE: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Pick Up		
	ID type/#:	Receipt #:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> PAID on _____	<input type="checkbox"/> FEE WAIVED _____	
Notified Requester: _____ on _____ / _____ / _____	Total Due: \$	Total Paid \$	
Documents provided:	If denied, provide reason:		

Please make checks payable to: City of Northglenn

Otro lado en Español