



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 #		CFS #	
CASE #		CASE #		CFS #		CFS #	
** 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: / /	Released by PRS: / /
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: / /	Total Due: \$ Total Paid \$
Documents provided:	If denied, provide reason:

Please make checks payable to: City of Northglenn

Otro lado en Español