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)

Date/Time of Incident: _____ _____ ○ AM ○ PM

Location of Incident: _____

Person(s) Involved: _____ _____ ○ Male ○ Female DOB: _____
First Name / Last Name

_____ _____ ○ Male ○ Female DOB: _____
First Name / Last Name

Incident Type: ☐ Accident* ☐ Arrest ☐ Summons ☐ Crime: _____ ☐ Other: _____

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

REQUESTOR INFORMATION

First Name _____ MI ____ Last Name _____

Agency _____ Phone _____

Address _____ Fax _____

City _____ State ____ Zip Code _____ Email _____

☐ 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: _____

Records Specialist: _____

Disposition: ○ Approved ○ Denied

Date Completed: _____

○ Referred to: _____

If Denied, Reason: _____