

LAKEWOOD POLICE DEPARTMENT REQUEST FOR RECORDS SEARCH

CASE REPORT # _____

1 THIS IS A REQUEST FOR A RECORDS SEARCH ONLY. RELEASABLE RECORDS MAY NOT BE AVAILABLE.
RESEARCH AND PROCESSING FEES ARE NON-REFUNDABLE.

PLEASE PRINT OR TYPE IN THE SPACES PROVIDED

**CHECK THIS BOX IF YOU ARE A VICTIM OF THE CRIME DETAILED IN THE REQUESTED REPORT
(PURSUANT TO C.R.S. SECTION 24-4.1-302)**

APPLICANT _____ DOB: _____
 ADDRESS _____ *FOR ARREST INFORMATION ONLY, PRINT THE NAME AND DATE OF BIRTH OF THE SUBJECT IN THE NEXT SECTION*
 CITY, STATE, ZIP _____
 TELEPHONE _____ DATE OF REQUEST _____ I.D. VERIFIED

THE UNDERSIGNED HEREBY AFFIRMS THAT UPON RECEIPT OF CRIMINAL JUSTICE RECORDS FROM THE LAKEWOOD POLICE DEPARTMENT, SUCH RECORDS SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN, AND THAT ANY BOOKING PHOTOGRAPHS OBTAINED WITH THIS REQUEST WILL NOT BE PLACED IN A PUBLICATION OR POSTED TO A WEB SITE THAT REQUIRES THE PAYMENT OF A FEE OR OTHER EXCHANGE FOR PECUNIARY GAIN IN ORDER TO REMOVE OR DELETE THE BOOKING PHOTOGRAPH FROM THE PUBLICATION OR WEB SITE.

SIGNATURE _____ DATE _____

2 THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO PROCESS A RECORDS REQUEST

Type Of Incident	Date & Time Of Incident	Location Of Incident
Name of Subject	Subject's Date of Birth	
Applicant's Interest In This Incident		

3 DEPARTMENTAL USE ONLY

REFERRED TO:	REQUEST APPROVED	REQUEST DENIED	SIGNATURE	DATE
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

COMMENTS:

MAIL AFTER APPROVAL WILL PICK UP _____

4 COUNTER TELEPHONE REPORT AUDIO COMPUTER PRINTOUT
 SOURCE: MAIL CITY FORMAT: PHOTO VIDEO CLEARANCE LETTER

RECORDS RELEASED	YES <input type="checkbox"/> NO <input type="checkbox"/>	BY: _____ <small>NAME EMPLOYEE NO.</small>	DATE _____	FEE PAID: _____	TECHNICIAN'S INITIALS _____
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ALL REPORTS NOT PICKED-UP BY THE APPLICANT WITHIN 30 DAYS WILL BE DESTROYED