

LAKWOOD POLICE DEPARTMENT
REQUEST FOR RECORDS SEARCH

445 S ALLISON PKWY
LAKWOOD, CO 80226

CASE REPORT #

THIS IS A REQUEST FOR A RECORDS SEARCH ONLY. RECORDS MAY NOT BE AVAILABLE FOR RELEASE.

RESEARCH AND PROCESSING FEES ARE NON-REFUNDABLE.

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 _____ TELEPHONE _____ I.D. VERIFIED
CITY, STATE, ZIP _____ DATE OF REQUEST _____
EMAIL ADDRESS _____

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

TYPE OF INCIDENT _____ DATE & TIME OF INCIDENT _____
LOCATION OF INCIDENT _____
SUBJECT'S NAME _____ SUBJECT'S DOB _____
RELATIONSHIP TO SUBJECT _____ JUVENILE
APPLICANT'S REASON FOR REQUEST _____

REQUEST THE RELEASE OF:

POLICE REPORT ACCIDENT REPORT BACKGROUND CHECK CLEARANCE LETTER
 VIDEO TAPE PHOTOS BODY WORN CAMERA FOOTAGE

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, PURSUANT TO SECTION 24-72-305.5, C.R.S.

****FOR JUVENILE RECORDS, I SWEAR OR AFFIRM THAT MY RELATIONSHIP TO THE ABOVE LISTED JUVENILE IS TRUE AND CORRECT.****

SIGNATURE _____ DATE _____

DEPARTMENTAL USE ONLY

REQUEST APPROVED REQUEST DENIED MAIL AFTER APPROVAL EMAIL AFTER APPROVAL WILL PICK UP

SIGNATURE _____ BADGE NO. _____ DATE _____

COMMENTS _____

RECORDS YES BY _____ FEE PAID _____ TECH'S INITIALS _____
RELEASED NO DATE _____ EXTRA PAGES _____ AMT. OWED _____

ALL REPORTS NOT PICKED-UP BY THE APPLICANT WITHIN 30 DAYS WILL BE DESTROYED