

THORNTON POLICE DEPARTMENT

Request for Criminal Justice Information

+ YOUR PRINTED NAME		TODAY'S DATE		CASE REPORT#/REFERENCE # (Leave blank if unknown)	
ADDRESS		CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	CELL PHONE	DATE OF BIRTH		
<input type="checkbox"/> TO BE FAXED <input type="checkbox"/> TO BE MAILED <input type="checkbox"/> TO BE E-MAILED ENTER INFO BELOW IF BOX IS CHECKED					
FAX#, ADDRESS OR E-Mail ADDRESS		CITY	STATE	ZIP	

SECTION 1

FOR EACH INCIDENT REPORT, PHOTO, OR ADDRESS SEARCH REQUESTS Staff research & redaction time is billed in half hours @ \$20.00 per hour
FOR EACH DISPATCH CHRONOLOGY/TAPE/CD the research & redaction time is billed in accordance with City of Thornton - Administrative Directive 3-6 (4.8. j. 2). See reverse bottom of this form.
THE RESEARCH FEE FOR POTENTIAL EVENT LOBBY CCTV COVERAGE IS A NON-REFUNDABLE \$50.00 (See Section 5 – On Reverse Side Of Page)

TYPE OF REQUEST:	<input type="checkbox"/> Report \$5 (1 st 5 pages & \$0.25 additional pages)	<input type="checkbox"/> Photos \$15.00 each CD	<input type="checkbox"/> Address Search \$1.00 per page	Each Dispatch CD: \$50 Deposit + \$10 Material Fee = \$60.00 each <input type="checkbox"/> 911 Audio CD <input type="checkbox"/> Radio Traffic CD <input type="checkbox"/> Dispatch Chronology= \$1.00 per page
	<input type="checkbox"/> \$1.00 per page Certified		<input type="checkbox"/> Lobby CCTV Surveillance \$50.00 non-refundable	

Note: If the requested report is stored off-site \$35.00 OFF-SITE RETRIEVAL FEE is added to cost of report

TYPE OF REPORT:	<input type="checkbox"/> ARREST/CITATION <input type="checkbox"/> INCIDENT REPORT	<input type="checkbox"/> TRAFFIC ACCIDENT	<input type="checkbox"/> OTHER please specify:
DATE OF INCIDENT: (Estimate if necessary)	TIME OF INCIDENT: (Estimate if necessary)		
LOCATION OF INCIDENT: (Estimate if necessary)			
PERSONS INVOLVED:	NAME:	NAME:	
	DOB:	DOB:	
YOUR RELATIONSHIP TO ANY JUVENILE NAMED IN THE REPORT (You are required to submit proof ORIGINAL birth certificate, court document)		NAME(S) OF THE JUVENILE(S):	

SECTION 2	FOR CLEARANCE LETTER (RECORDS CHECK)
FULL NAME	DATE OF BIRTH
FULL NAME	DATE OF BIRTH

SECTION 3	PECUNIARY GAIN AFFIRMATION
------------------	-----------------------------------

PURSUANT TO C.R.S. 24-72-305.5. I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND THE INFORMATION IN SUCH RECORDS FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN.

I ALSO UNDERSTAND ANY BOOKING PHOTOGRAPHS OBTAINED WITH THE 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.

I HEREBY SWEAR AND AFFIRM THAT THE RECORDS I OBTAINED FROM THE THORNTON POLICE DEPARTMENT AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

DATE

SIGNATURE

THORNTON POLICE DEPARTMENT

Request for Criminal Justice Information

Rev (7/20/16)

SECTION 5	REQUEST FOR EACH DISPATCH CHRONOLOGY/Or RECORDING
------------------	--

TYPE OF REQUEST:	<input type="checkbox"/> 911 (AUDIO) (<u>220 Day retention from incident date</u>) <input type="checkbox"/> Radio Traffic (AUDIO) (<u>220 Day retention from incident date</u>) <input type="checkbox"/> Dispatch Chronology (<u>For events after 3/2/2009, events prior can be obtained from Adams County Communications Center (ADCOMM)</u>) <input type="checkbox"/> Lobby CCTV Surveillance (<u>45 Day Recording Retention</u>) <u>NOTE:</u> Not all areas of the lobby are under video/audio surveillance. There is <u>no guarantee</u> that an event has been recorded. The \$50.00 research fee is NON-REFUNDABLE.
-------------------------	---

For Each Incident - Dispatch CD \$50 Non-Refundable Deposit plus \$10 Material Fee = \$60.00

EVENT NUMBER	
CASE NUMBER	
TIME OF INCIDENT	
DATE OF INCIDENT	
TYPE OF INCIDENT	
LOCATION OF INCIDENT	
OFFICER ASSIGNED	
POLICE RECORDS UNIT RECEIVED REQUEST & ADDED/UPDATED DISSEMINATION	INITIALS/EMPLOYEE# DATE & TIME/
CIRCLE SENT TO: STRAUBINGER / COMM CENTER / EVIDENCE	INITIALS/EMPLOYEE# DATE & TIME/
COMM CENTER RECEIVED REQUEST	INITIALS/EMPLOYEE# DATE & TIME/
COMM CENTER RETURNED TO PD RECORDS INBOX	INITIALS/EMPLOYEE# DATE & TIME/
PD RECORDS CALLED REQUESTOR- UPDATED DISSEMINATION	INITIALS/EMPLOYEE# DATE & TIME/
CUSTOMER PICKED UP- UPDATE DISSEMINATION MODULE	INITIALS/EMPLOYEE# DATE & TIME/

Administrative Directive 3-6

4.8 j-2

For open Records requests to any other department, a research fee equal to the City's costs will be charged on time required in excess of 30 minutes to produce the requested information. **The City's costs for research shall be the hourly rate equal to that of the employee's salary and benefits of the person(s) doing the research.** In addition, if the Record custodian determines that the research time **will extend beyond two hours, a \$50 deposit will be required.**