



Dacono POLICE DEPARTMENT

512 Cherry Avenue Post Office Box 117 Dacono, Colorado 80514
Office 303.833.3095 | Fax 303.833.0634 | CityofDacono.com



CRIMINAL JUSTICE RECORDS REQUEST

Date: _____

Case #: _____

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Driver's License #: _____ State: _____

RECORDS SEARCH: \$5.00 PER REQUEST

COPY: \$0.25 PER PAGE

24-72-305.5 -Access to records - Denial by custodian - Use of records to obtain information for solicitation

RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND THE NAMES, ADDRESSES, TELEPHONE NUMBERS, AND OTHER INFORMATION IN SUCH RECORDS SHALL NOT BE USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN. THE OFFICIAL CUSTODIAN SHALL DENY ANY PERSON ACCESS TO RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS, UNLESS SUCH PERSON SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH RECORDS SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS OR PECUNIARY GAIN.

By signing this form I acknowledge that I have read and understand the above Colorado Revised state statute and am not requesting this information for solicitation of business for pecuniary gain.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Payment Information: Amount Due: \$ _____ Date Paid: _____ Receipt #: _____

Copy Information: Copy Furnished Date: _____ Time: _____ Records Initials: _____

Request Denied Date: _____ Time: _____ Records Initials: _____

Reason For Denial: Contrary to State Statute Contrary to Public Interest

Prohibited by Rules or Order of Court Other: _____