



ARVADA POLICE DEPARTMENT



Request for Police Information

Due to the number of requests submitted, we are not able to process your request immediately

Our goal is to complete all requests within 5 to 7 days. Fees are non-refundable.

Please note that, in accordance with applicable law, the Arvada Police Department (APD) does not create new records upon request. As an example, the APD will not manipulate data contained in a police database in order to create a new record at the request of a member of the public.

YOUR NAME	YOUR DOB	TODAY'S DATE	CASE REPORT# (Leave blank if unknown)
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AGENCY/COMPANY YOU REPRESENT

ADDRESS	CITY	STATE	ZIP
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PHONE <input type="checkbox"/> CALL FOR PICKUP	EMAIL ADDRESS	<input type="checkbox"/> TO BE FAXED:
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MAIL TO: **SAME AS ABOVE** **NAME:**

ADDRESS	CITY	STATE	ZIP
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SECTION 1 REPORT • PHOTO • ADDRESS SEARCH REQUESTS

REQUEST TYPE:	<input type="checkbox"/> Report \$10 pre-paid report copy [Additional \$.25/page over 10 pages. Redactions at additional cost of \$.50/page]
	<input type="checkbox"/> Photos \$25 Digital Media
	<input type="checkbox"/> Address Search \$10 for 2 years: March 2016-March 2018 [Extended search \$20/hour Max search parameters May 2002 – March 2018]

CONTACT TYPE:	<input type="checkbox"/> By Police Officer	REPORT TYPE:	<input type="checkbox"/> Traffic Accident
	<input type="checkbox"/> By Animal Control		<input type="checkbox"/> Crime Report:
<input type="checkbox"/> By Code Enforcement	<input type="checkbox"/> Online Submission		<input type="checkbox"/> Other:

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT or ADDRESS SEARCH
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PERSONS INVOLVED: Please provide names of all persons involved including date of birth (DOB) if known. **YOUR RELATION IS REQUIRED.**

NAME _____	DOB _____	YOUR RELATION <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> None <input type="checkbox"/> Other _____
NAME _____	DOB _____	YOUR RELATION <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> None <input type="checkbox"/> Other _____
NAME _____	DOB _____	YOUR RELATION <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> None <input type="checkbox"/> Other _____
NAME _____	DOB _____	YOUR RELATION <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> None <input type="checkbox"/> Other _____
NAME _____	DOB _____	YOUR RELATION <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> None <input type="checkbox"/> Other _____

SECTION 2 FOR CLEARANCE LETTER (RECORDS CHECK) \$12.00 PER NAME

NAME _____	DOB _____	YOUR RELATION <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> None <input type="checkbox"/> Other _____
NAME _____	DOB _____	YOUR RELATION <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> None <input type="checkbox"/> Other _____

I AFFIRM THAT THE CRIMINAL JUSTICE RECORDS OBTAINED FROM THE ARVADA POLICE DEPARTMENT UNDER THIS REQUEST WILL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN, AND ALSO AFFIRM THAT ANY BOOKING PHOTOGRAPHS OBTAINED UNDER 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. SEE: C.R.S. § 24-72-305.5

DATE **SIGNATURE**

BELOW FOR THE USE OF APD PERSONNEL ONLY

REQUEST TAKER	DATE	AMOUNT RECEIVED	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD
		\$	

NOTES:

REQUEST FILLER	DATE	<input type="checkbox"/> MAILED <input type="checkbox"/> EMAILED <input type="checkbox"/> FAXED <input type="checkbox"/> PICKUP <input type="checkbox"/> CALLED
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