



Aurora Police Department
Colorado Criminal Justice Records Request Form
Colorado Revised Statutes § 24-72-301, et seq.
Email: APD-ORR@auroragov.org
 Open Records Coordinator: 303.739.6267

Requester's Information

Name: _____ Company Name: _____
 Address: _____
 Telephone: _____ Fax: _____ Email: _____
 Signature: _____ Date: _____

Your signature affirms that the requested information will not be used for solicitation of business for monetary or pecuniary gain and acknowledges such a violation is a misdemeanor and is punishable by a fine and/or imprisonment per C.R.S. 24-72-305.5 & 24-72-309. Additionally, you are responsible to pre-pay all applicable fees set forth in the current fee schedule, including research/data extraction time; and that by the nature of the records requested, access may be denied or limited.

Type of Request (check all the apply)	Details of Documents being Requested
<input type="checkbox"/> Police Report <input type="checkbox"/> CAD Dispatch Notes <input type="checkbox"/> 911 / Dispatch Audio <input type="checkbox"/> Body Camera <input type="checkbox"/> Halo / Mesh Camera <input type="checkbox"/> Other <input type="checkbox"/> Photographs <input type="checkbox"/> Policies/Procedures*	Case Report Number: _____ Date & Time of Incident: _____ Location of Incident: _____ Type of Incident: _____ Submitted on behalf of: _____ <small>(self, name of individual/entity)</small> Additional Information: _____ _____ _____ _____
*If not located on: www.auroragov.org	

City Use Only (Below)

Processed by: _____		Date Completed: _____	
<input type="checkbox"/> Released	<input type="checkbox"/> Record Redacted Per: _____	\$ PAID: _____	
<input type="checkbox"/> No Record	<input type="checkbox"/> Record Denied Per: _____	\$ DUE: _____	
Contacted:			
<input type="checkbox"/> Crime Analyst	<input type="checkbox"/> Digital Media	<input type="checkbox"/> Dispatch:	<input type="checkbox"/> Other Department: _____