City of Aurora
Department of Public Safety Communications
Request for POLICE and/or FIRE Recording

INSTRUCTIONS: PLEASE READ CAREFULLY AND COMPLETELY!

REQUESTS MUST BE MADE ON OUR CURRENT FORM AVAILABLE ON THE CITY OF AURORA WEBSITE HTTP://WWW.AURORAGOV.ORG, CLICK ON “DEPARTMENTS” AND ON THE DROP-DOWN SELECT “PUBLIC SAFETY COMMUNICATIONS.” PLEASE ENSURE THAT THE INFORMATION YOU PROVIDE ON THE FORM IS LEGIBLE AND AS COMPLETE AS POSSIBLE.

THE CITY OF AURORA CHARGES A SERVICE FEE FOR REPRODUCING COPIES OF RADIO AND TELEPHONE CONVERSATIONS INVOLVING PUBLIC SAFETY COMMUNICATIONS, POLICE, AND/OR FIRE. WE DO NOT REQUIRE A SUBPOENA. THE RATE FOR EACH REQUEST IS $32.50, IN ACCORDANCE WITH THE 2020 COA SERVICE FEE SCHEDULE. A CHECK MADE PAYABLE TO THE CITY OF AURORA MUST BE SUBMITTED WITH THIS REQUEST. YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT.

RECORDINGS ARE AVAILABLE FOR THE CURRENT YEAR PLUS THE PREVIOUS THREE YEARS ONLY. REPRODUCTIONS ARE MADE TO A COMPACT DISC (CD) THAT CAN BE PLAYED ON A COMPUTER, AND ARE RETURNED TO THE REQUESTER BY MAIL UNLESS PRIOR ARRANGEMENTS FOR DELIVERY HAVE BEEN MADE. IF YOU PREFER REPRODUCTION TO ANOTHER MEDIA, PLEASE CALL BEFORE YOU MAKE YOUR REQUEST. STATE LAW Restricts OR ProHIBits THE RELEASE OF SOME INFORMATION. RECORDINGS CONTAINING SUCH INFORMATION MUST CONFORM TO THESE RESTRICTIONS. WE DO NOT PROVIDE TYPED TRANSCRIPTIONS.

REPRODUCING DISPATCH RECORDINGS IS A TIME- AND LABOR-INTENSIVE PROCESS. THEREFORE, YOU MUST PROVIDE SPECIFIC DETAILS ON WHAT YOU WANT REPRODUCED. PLEASE CALL IF YOU REQUIRE “DISCOVERY”; THOSE REQUESTS MUST BE PRE-ARRANGED. UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE, WE WILL FILL THOSE REQUESTS SUBMITTED WITHOUT THE NECESSARY LEVEL OF SPECIFICITY ACCORDING TO THE FOLLOWING “DEFAULT” STANDARD:

TELEPHONE CALLS: CALLS RECEIVED AT THE CALLTAKER POSITIONS THAT ARE RELATED TO THE CASE/INCIDENT STARTING 5-MINUTES PRIOR TO THE TIME OF INITIATION OF THE COMPUTER-AIDED DISPATCH (CAD) INCIDENT, AND ENDING 5-MINUTES AFTER SAID INCIDENT WAS SENT TO THE DISPATCHER. TELEPHONE CALLS RECEIVED LATER THAN 5-MINUTES AFTER THE INCIDENT TIMES WILL ALSO BE RECORDED IF THEY ARE CLEARLY REFLECTED IN THE INCIDENT NOTES.

RADIO TRANSMISSIONS: TRANSMISSIONS ON THE PRIMARY DISTRICT CHANNEL IN WHICH THE INCIDENT ADDRESS IS LOCATED, AS WELL AS ANY TACTICAL (CAR-TO-CAR) TRANSMISSIONS INITIATED ON THE PRIMARY CHANNEL. ONLY THOSE TRANSMISSIONS RELATED TO THE CASE/INCIDENT WILL BE PROVIDED. SEARCHES BEGIN AT THE TIME OF THE INITIAL TRANSMISSION (ACCORDING TO THE CAD INCIDENT TIMES) AND END AT EITHER THE TIME OF ANY SUBJECT’S ARRIVAL AT A HOLDING FACILITY (E.G., THE DETENTION CENTER, DETOX) OR CONTACT ENDED/SUBJECT WAS RELEASED AT THE SCENE, WHICHEREVER IS EARLIER.

A MINIMUM OF 2 WEEKS IS REQUIRED AFTER RECEIPT TO COMPLETE REQUESTS.
CITY OF AURORA
DEPARTMENT OF PUBLIC SAFETY COMMUNICATIONS
REQUEST FOR POLICE OR FIRE RECORDING

FORM MUST BE TYPED OR PRINTED LEGIBLY!

DATE OF REQUEST: ___________________________ AGENCY: ☐ POLICE ☐ FIRE

AGENCY REPORT #: __________________________ INCIDENT #(S): __________________________

DATE OF INCIDENT: ________________________ TIME OF INCIDENT: ________________________

NATURE OR TYPE OF INCIDENT: ______________________________________________________

ADDRESS INCIDENT OCCURRED: ______________________________________________________

SUBJECT(S) INVOLVED: _________________________________________________________________

SPECIFIC DETAILS REGARDING INFORMATION SOUGHT. (ATTACH ADD'L PAGES IF NECESSARY.)

TELEPHONE CALL(S): _________________________________________________________________

RADIO TRANSMISSIONS: _____________________________________________________________

PERSON MAKING REQUEST: _________________________________________________________

MAILING ADDRESS:
CITY: __________________ ST: ______ ZIP: ______ PH: __________________

COMPLETED REQUEST MATERIALS WILL BE MAILED TO THIS ADDRESS; PLEASE PRINT LEGIBLY!

Relationship to Subject(s):

Reason for Request: Information Criminal Defense Litigation Other (Specify Below)

Reason Details: ________________________________________________________________

(Continue on Reverse)

- FOR DEPARTMENT USE ONLY- DO NOT WRITE BELOW THIS LINE -- MAKE CHECKS PAYABLE TO "CITY OF AURORA"

INTAKE:
DATE REC'D: _____________________________
RELEASE APPR: ____________________________
BY: __________________ DATE: ___________
DATE RECD PSC: ___________________________
FEE PAID: CK# _____________________________
AMOUNT: _________________________________
DEP DATE: _______________________________ BY: __________________

SEARCH/PROD TIME:
DATE LOCATED: ___________________________
BY: __________________ END: ________________
START: _______________ END: _______________
DATE CREATED: __________________________
BY: __________________ TOTAL PROC TIME: __________________

OUTPROCESS:
DATE: __________________
DELIVERY METHOD: ______________________
☐ HAND/PICK-UP ☐ INTER-OFFICE ☐ Email
Email: _______________________

RETURN BY MAIL TO: City of Aurora, Public Safety Communications, RE: Recording Request, 23911 East Arapahoe Road, Aurora, CO 80016-4120 OR FAX TO: 303.627.3129.

AURORA PUBLIC SAFETY COMMUNICATIONS
Rev. 01/2020