



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

**Requester's Information**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 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.*

**Specifics of Incident**  
 (Required)

Case Report Number: \_\_\_\_\_ Date & Time of Incident: \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_  
 Type of Incident: \_\_\_\_\_  
 Submitted on Behalf of: \_\_\_\_\_  
 (Self, Name of Individual/Entity)

**Request for 911 / Dispatch Recording**  
 (Leave this section blank if you are not requesting 911 Dispatch Recordings)

I ONLY want to Request a 911 Recording     I want to Request a 911 Recording AND items below

**Detailed Description of Additional Records Being Requested**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**City Use Only (Below)**

Processed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Released     No Record     Denied     NOTES: \_\_\_\_\_  
 Crime Analyst     Digital Media     Dispatch:     Other Department: \_\_\_\_\_

*This request form is not to be used in place of Court Discovery. If your request is not filled out completely, or is illegible, it may be returned.*