



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: _____ 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.