

THORNTON POLICE DEPARTMENT

Request for Criminal Justice Information

YOUR PRINTED NAME		TODAY'S DATE		CASE REPORT#/REFERENCE # (Leave blank if unknown)	
ADDRESS		CITY		STATE	
ZIP		HOME PHONE		WORK PHONE	
CELL PHONE		DATE OF BIRTH		EMPLOYEE # (internal use only)	
<input type="checkbox"/> TO BE FAXED <input type="checkbox"/> TO BE MAILED <input type="checkbox"/> TO BE E-MAILED (ENTER INFO BELOW IF BOX IS CHECKED)					
FAX#, ADDRESS OR E-Mail ADDRESS		CITY		STATE	
ZIP					
SECTION 1		FOR EACH INCIDENT REPORT, PHOTO, DISPATCH CHRONOLOGY, 911 AUDIO/RADIO OR ADDRESS SEARCH REQUEST the research & redaction time is billed in accordance with City of Thornton Administrative Directive 3-6 (4.7a). See reverse bottom of this form.			
TYPE OF REQUEST	<input type="checkbox"/> Report \$5 for 1 st 5 pages & 25¢ per additional page	<input type="checkbox"/> Photos \$15.00	<input type="checkbox"/> Address Search \$1.00 per page	Each Dispatch Call for Service: \$50 deposit A \$10 material fee will be added if the request is burned to a CD	
	<input type="checkbox"/> Report stored off-site retrieval additional charge of \$15.00 <input type="checkbox"/> Additional \$1.00 per page if Certified	<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> CCTV Surveillance \$50.00 non-refundable (research fee)		
<input type="checkbox"/> OTHER please specify:					
DATE OF INCIDENT: (Estimate if necessary)			TIME OF INCIDENT: (Estimate if necessary)		
LOCATION OF INCIDENT: (Estimate if necessary)					
SECTION 2		THORNTON POLICE BACKGROUND CHECK (No fee)			
FULL NAME			DATE OF BIRTH		
FULL NAME			DATE OF BIRTH		
SECTION 3		PECUNIARY GAIN AFFIRMATION			
<p>PURSUANT TO C.R.S. 24-72-305.5. I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND THE INFORMATION IN SUCH RECORDS FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN.</p> <p>I ALSO UNDERSTAND ANY BOOKING PHOTOGRAPHS OBTAINED WITH THE 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.</p> <p>I HEREBY SWEAR AND AFFIRM THAT THE RECORDS I OBTAINED FROM THE THORNTON POLICE DEPARTMENT AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.</p>					
DATE		SIGNATURE			
Administrative Directive 3-6 4.13 a) Any records request that can be produced in one hour or less shall not include a charge. Research and retrieval time beyond one hour shall be charged at the maximum hourly fee in accordance with CORA. 4.13 b) Any records request that may require payment, including records requests that may take more than one hour of research and retrieval time to produce, requires a time/cost estimate to be provided to the requester as soon as possible. 4.13 c) For a records request that requires a time/cost estimate, any records request that is estimated to take five or more hours of research and retrieval time requires a 50 percent non-refundable deposit. Additional research and retrieval on any records request that is estimated to take five or more hours shall not commence until a deposit is received.					

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SECTION 4		REQUEST FOR EACH CHRONOLOGY OR RECORDING	
TYPE OF REQUEST:		<input type="checkbox"/> 911 (AUDIO) (180 day retention from incident date) <input type="checkbox"/> Radio Traffic (AUDIO) (180 day retention from incident date) <input type="checkbox"/> Dispatch Chronology (Events prior to 03/02/2009 may be obtained from Adams County Communications Center (ADCOMM)) <input type="checkbox"/> CCTV Surveillance (180 day retention from incident date) NOTE: Not all areas of the department are under video/audio surveillance. There is <i>no guarantee</i> that an event has been recorded. <input type="checkbox"/> Body Worn Camera Footage	
EVENT NUMBER			
CASE NUMBER			
DATE OF INCIDENT			
TIME OF INCIDENT			
TYPE OF INCIDENT			
EVENT LOCATION			
PRIMARY OFFICER			
REDACTIONS REQUESTED		<input type="checkbox"/> NO REDACTION REQUIRED <input type="checkbox"/> REDACTION REQUIRED <input type="checkbox"/> UNABLE TO RELEASE	
CCTV Surveillance Requests Only			
CAMERA LOCATION		<input type="checkbox"/> LOBBY <input type="checkbox"/> FRONT PARKING LOT	
INVOLVED PARTY/VEHICLE DESCRIPTION		PROVIDE A DETAILED DESCRIPTION SO WE CAN LOCATE THE APPROPRIATE PARTIES AND VEHICLES INVOLVED IN THE VIDEO	
PURPOSE OF VIDEO REQUEST		<input type="checkbox"/> CHILD EXCHANGE <input type="checkbox"/> OTHER: _____ DESCRIBE THE INCIDENT WITH SPECIFIC DETAILS REGARDING WHAT YOU ARE TRYING TO CAPTURE IN THE VIDEO. INCLUDE PRECISE LOCATION OF THE AREA YOU WANT A VIDEO OF (I.E. SIDEWALK, PARKING LOT, FRONT DOOR OR LOBBY SEATING)	
POLICE RECORDS UNIT RECEIVED REQUEST		NAME:	DATE & TIME
CIRCLE SENT TO: COMM CENTER / EVIDENCE / RADIO VIDEO TECH / PROFESSIONAL STANDARDS CMDR		NAME:	DATE & TIME
COMM CENTER RECEIVED REQUEST		NAME:	DATE & TIME
COMM CENTER RETURNED TO POLICE RECORDS UNIT MAILBOX/INBOX		NAME:	DATE & TIME
RADIO VIDEO TECH COMPLETION & NOTES GIVEN TO PROFESSIONAL STANDARDS COMDR		NAME:	DATE & TIME
PROFESSIONAL STANDARDS CMDR REVIEW		NAME:	DATE & TIME