



NORTHGLENN POLICE DEPARTMENT
REQUEST FOR RECORDS

Northglenn Police Department, 11701 Community Center Drive, Northglenn, CO 80233
Phone: 303-450-8892 Fax: 303-450-8896



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CASE REPORT # \_\_\_\_\_

NAME TO BE SEARCHED: \_\_\_\_\_ DOB: \_\_\_\_\_

Individual making request: \_\_\_\_\_

Your name and/or the company you represent

Mailing Address

Telephone Number

NOTICE: This record furnished is an accurate representation of the information as it appears in the records of the Northglenn Police Department. Rules and regulations pending release of records are based on Colorado Revised Statutes: Title 24, Article 72, Part 3. For metropolitan or statewide arrest information you are referred to the Colorado Bureau of Investigations, 690 Kipling St., Denver, CO 80215. (303-239-4300) or cbirecordscheck.com via the Internet.

Record Requested: \_\_\_\_\_ Copy of Incident / Accident Report (Circle type of report)

\_\_\_\_\_ Arrest Record (Northglenn arrests only)

Location and date/time of incident: \_\_\_\_\_

I affirm that these records shall not be used for the direct solicitation of business for pecuniary gain.

Signature

Date/Time

I AM, OR REPRESENT, THE ATTORNEY OF RECORD FOR THE ABOVE NAMED PARTY.

FEES: Established and governed by resolution of Northglenn City Council. See posted fee schedule.

Please make checks payable to: City of Northglenn

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Challenge to accuracy and completeness of arrest record

\_\_\_\_\_

Nature of correction/update requested

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NPD RECORDS USE ONLY:

ID: \_\_\_\_\_

RELEASED BY: \_\_\_\_\_

COST: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

Released: \_\_\_\_\_ Incident \_\_\_\_\_ Arrest \_\_\_\_\_ Witness Statements \_\_\_\_\_ Supplements \_\_\_\_\_ Complete Report

Redactions: \_\_\_\_\_ Yes \_\_\_\_\_ No CH Update complete \_\_\_\_\_

## ATTESTATION FOR JUVENILE DELIQUENCY RECORDS

I, \_\_\_\_\_, hereby attest to being the parent, guardian, or legal custodian of the juvenile named below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Juvenile's Name: \_\_\_\_\_

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## ATTESTATION FOR JUVENILE DEPENDENCY & NEGLECT RECORDS

I, \_\_\_\_\_, hereby attest to being the parent, guardian, legal custodian or other person responsible for the health or welfare\* of the juvenile named below, or the assigned designee\*\* of any such person of the juvenile named below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Juvenile's Name: \_\_\_\_\_

*\* If you are requesting records as an "other person responsible for the health or welfare of the juvenile," please use the space below to describe your responsibilities and relationship to the juvenile.*

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*\*\* If you are requesting records as the "assigned designee" of any person entitled to juvenile records, please provide a validly executed power of attorney.*