

# BRIGHTON POLICE DEPARTMENT Records Inspection Request Form



**DATE OF REQUEST:** \_\_\_\_\_ **REQUESTED BY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **ALTERNATE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TYPE OF REPORT:**  Crime  Arrest  CFS  Accident  Other \_\_\_\_\_

**Incident Date:** \_\_\_\_\_ **Incident Time:** \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

**Person(s) Involved:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**CASE #** \_\_\_\_\_ **CASE #** \_\_\_\_\_ **CASE #** \_\_\_\_\_ **CASE #** \_\_\_\_\_  
**CFS #** \_\_\_\_\_ **CFS #** \_\_\_\_\_ **CFS #** \_\_\_\_\_ **CFS #** \_\_\_\_\_

C.R.S. 24-72-305.5 provides that the records custodian shall deny any person access to criminal justice records unless a statement is signed which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.  
**I AFFIRM THAT I SHALL NOT USE THE REQUESTED INFORMATION FOR SOLICITATION OF BUSINESS FOR MONETARY/PECUNIARY GAIN AND ACKNOWLEDGE THAT SUCH IS A VIOLATION PUNISHABLE AS A CLASS 3 MISDEMEANOR UNDER C.R.S. 24-72-309.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*If your information is typically protected under the law do you waive your right of privacy and request that your information be left in the report?*

*Yes I waive my right to privacy* **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*For Police Department Use Only*

**Approved**  **Denied - Reason:** \_\_\_\_\_

**CHECK ONE:**  MAIL  PICK UP  EMAIL  FAX **TOTAL AMOUNT DUE:** \_\_\_\_\_

**Records Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Requestor Notified:** \_\_\_\_\_ **By:** \_\_\_\_\_

**ID CHECKED** **PAID BY:**  CASH  CHECK  **FEE WAIVED**

**Documents provided:** \_\_\_\_\_

**Pages provided:** \_\_\_\_\_

**Otro lado en Español**

# Solicitud de Registros del DEPARTAMENTO DE POLICIA DE BRIGHTON



**FECHA DE SOLICITUD:** \_\_\_\_\_ **SOLICITADO POR:** \_\_\_\_\_

**DIRECCION:** \_\_\_\_\_ **CIUDAD:** \_\_\_\_\_ **ESTADO:** \_\_\_\_\_ **CODIGO:** \_\_\_\_\_

**TELEFONO:** \_\_\_\_\_ **NUMERO ALTERNATIVO:** \_\_\_\_\_ **CORREO ELECTRÓNICO:** \_\_\_\_\_

**TIPO DE REPORTE:**  CRIMINAL  ARRESTO  CFS  ACCIDENTE  OTRO \_\_\_\_\_

**FECHA DE INCIDENTE:** \_\_\_\_\_ **HORA DE INCIDENTE:** \_\_\_\_\_

**LUGAR DE INCIDENTE:** \_\_\_\_\_

**NOMBRE Y FECHA DE NACIMIENTO DE PARTICIPANTE(S):** \_\_\_\_\_

**CASE #** \_\_\_\_\_ **CASE #** \_\_\_\_\_ **CASE #** \_\_\_\_\_ **CASE #** \_\_\_\_\_

**CFS #** \_\_\_\_\_ **CFS #** \_\_\_\_\_ **CFS #** \_\_\_\_\_ **CFS #** \_\_\_\_\_

*C.R.S. 24-72-305.5 ESTABLECE QUE EL CUSTODIO DE REGISTROS NEGARÁ A CUALQUIER PERSONA EL ACCESO A LOS REGISTROS DE JUSTICIA PENAL A MENOS QUE SE FIRME UNA DELCARACIÓN QUE AFIRME QUE DICHOS REGISTROS NO SE UTILIZARAN PARA LA SOLICITUD DIRECTA DE NEGOCIOS CON FINES DE LUCRO.*

**AFFIRMO QUE NO USARE LA INFORMACIÓN SOLICITADA PARA SOLICITAR NEGOCIOS PARA GANANCIAS MONETARIAS/PECUNIARIAS Y RECONOZCO QUE TAL VIOLACIÓN ES PUNIBLE COMO UN DELITO MENOR DE CLASE 3 BAJO C.R.S. 24-72-309.**

**FIRMA:** \_\_\_\_\_ **FECHA:** \_\_\_\_\_

*Si su información está normalmente protegida por la ley, ¿renuncia a su derecho de privacidad y solicita que su información se deje en el informe?*

*Sí, renuncio a mi derecho a la privacidad* **FIRMA:** \_\_\_\_\_ **FECHA:** \_\_\_\_\_

*Para uso del departamento*

**Approved**  **Denied - Reason:** \_\_\_\_\_

**CHECK ONE:**  MAIL  PICK UP  EMAIL  FAX **TOTAL AMOUNT DUE:** \_\_\_\_\_

**Records Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Requestor Notified:** \_\_\_\_\_ **By:** \_\_\_\_\_

**ID CHECKED** **PAID BY:**  CASH  CHECK  FEE WAIVED

**Documents provided:** \_\_\_\_\_

**Pages provided:** \_\_\_\_\_

**Other side for English**