



BRIGHTON POLICE DEPARTMENT Records Inspection Request Form

Digital Evidence Request
Also completed

DATE OF REQUEST: _____ REQUESTED BY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ ALTERNATE #: _____ EMAIL: _____

TYPE OF REPORT/RECORDS: Crime Arrest CFS Crash Other _____
 Local Background Check (*Name and DOB must be listed below)

Incident Date: _____ Incident Time: _____

Incident Location: _____

Person(s) Involved*: _____ DOB*: _____

If you are requesting your own record, you are seeking an unredacted record with your personal private information. In that case, do you waive your right to have such personal information redacted?

Yes I waive my right to privacy SIGNATURE: _____ DATE: _____

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:** _____ ID CHECKED(Records)

For Police Department Use Only

Approved Denied - Reason: _____

Processing Specialist: _____ Date processed: _____

Date Requestor Notified: _____ Notified: Phone/Voicemail Email

TOTAL AMOUNT DUE / _____

PAID BY: CASH BUSINESS CHECK MONEY ORDER FEE WAIVED

DOCUMENTS SENT TO REQUESTOR: MAIL PICK UP EMAIL FAX

Documents provided: _____

Number Pages provided: _____

Otro lado en Español



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Solicitud de Registros del DEPARTAMENTO DE POLICÍA DE BRIGHTON

FECHA DE SOLICITUD: _____ SOLICITADO POR: _____

DIRECCIÓN: _____ CIUDAD: _____ ESTÁDO: _____ CODIGO: _____

TELÉFONO: _____ NUMERO ALTERNATIVO: _____ CORREO ELECTRÓNICO: _____

TIPO DE REPORTE/REGISTROS: CRIMINAL ARRESTO CFS ACCIDENTE OTRO _____
 Verificación de antecedentes locales (*El nombre y la fecha de nacimiento deben aparecer a continuación)

FECHA DE INCIDENTE: _____ HORA DE INCIDENTE: _____

LUGAR DE INCIDENTE: _____

NOMBRE Y FECHA DE NACIMIENTO DE PARTICIPANTE(S)*: _____

Si está solicitando su propio registro, o está buscando un registro sin editar con su información personal privada. En ese caso renuncia a su derecho de tener dicha información personal redactada?

Sí, renuncio a mi derecho a la privacidad FIRMA: _____ FECHA: _____

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 DICHS 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: _____ ID CHECKED(Records)

Para uso del departamento

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Date Requestor Notified: _____ Notified: Phone/Voicemail Email

TOTAL AMOUNT DUE / _____

PAID BY: CASH BUSINESS CHECK MONEY ORDER FEE WAIVED

DOCUMENTS SENT TO REQUESTOR: MAIL PICK UP EMAIL FAX

Documents provided: _____

Number Pages provided: _____

Other side for English