



JEFFERSON COUNTY SHERIFF'S OFFICE
APPLICATION FOR DISPATCH RECORDINGS
 RECORDS UNIT 303-271-5542 FAX 303-271-5552
 200 Jefferson County Parkway, Golden, CO 80401 Attn: Records

Reply may take up to ten working days. Recordings are only held for a period of 12 months.
 Charge is \$25.00 for first recording (\$10.00 for each additional recording)
 **A \$10.00 non-refundable deposit is required at time of request

DATE OF REQUEST : _____ # _____ (Dispatch use only)
 DATE OF INCIDENT: _____ TIME OF INCIDENT: _____
 CR# OR EVENT #: _____ TYPE OF INCIDENT: _____
 LOCATION OF INCIDENT: _____
 DATE RECORDING REQUIRED: _____
 INFORMATION TO BE INCLUDED ON RECORDING: _____

(WHICH CHANNELS; RADIO TRAFFIC, TELEPHONE TRAFFIC, BOTH RADIO AND TELEPHONE TRAFFIC)

**PER COLORADO REVISED STATUTE 24-72-305.5 ACCESS TO RECORDS/DENIAL BY CUSTODIAN
 USE OF RECORDS TO OBTAIN INFORMATION FOR SOLICITATION**

THE OFFICIAL CUSTODIAN SHALL DENY ANY PERSON ACCESS TO RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS UNLESS SUCH PERSON SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH RECORDS SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN (MONETARY GAIN).

I, _____ ACKNOWLEDGE AND UNDERSTAND the above statement and I am not requesting this information for the solicitation of business for pecuniary gain.

Signature _____ Date _____

Address _____ Phone _____

City, State Zip _____ FAX # _____

Email Address (optional): _____

FOR INTERNAL USE ONLY

REQUEST GRANTED AUTHORIZED BY: _____

REQUEST DENIED (if so, reason: _____)

CASH CHECK # _____ MC/VISA INVOICE # _____

COMPLETED BY _____ AMOUNT \$ _____

TO BE COMPLETED BY DISPATCH PERSONNEL:

DATE RECORDING COMPLETED: _____ TIME COMPLETED: _____

COMPLETED BY: _____

TO BE COMPLETED BY CUSTOMERS USING MASTER CARD OR VISA FOR FAX OR MAIL REQUESTS

CREDIT CARD NUMBER _____ EXP. DATE _____

SECURITY CODE _____ AUTHORIZED SIGNATURE _____

(Last three digits that appear in signature panel on back of card)