



Request for Criminal Justice Information Ault Police Department

Section 1 REQUESTOR'S INFORMATION

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
PRIMARY PHONE#:	FAX #:		

Section 2 DELIVERY METHOD

PREFERRED METHOD OF DELIVERY:
 FAX MAIL EMAIL PICK UP

NAME:	EMAIL ADDRESS:	FAX #:	
ADDRESS:	CITY:	STATE:	ZIP:

Section 3 GENERAL INFORMATION

DATE OF REQUEST:	POLICE REPORT NUMBER:
DATE OF INCIDENT:	TIME OF INCIDENT:
LOCATION OF INCIDENT:	COUNTY OF INCIDENT:

Section 4 REVIEW FEE SCHEDULE FOR TYPE OF REQUEST

A COPY OF PHOTO ID MUST BE INCLUDED WITH REQUEST	<input type="checkbox"/> Basic Traffic Report	<input type="checkbox"/> Complete Case File	Background Checks are only provided to Local Law Enforcement Agencies. (through letter head request)
	<input type="checkbox"/> Photographs on CD or DVD	<input type="checkbox"/> BWC on CD or DVD	
	<input type="checkbox"/> Photographs on Flash Drive	<input type="checkbox"/> BWC on Flash Drive	Dispatch Audio are not released by Ault Police Department refer to Weld County Dispatch at www.weldgov.com Public Safety Communications.

Section 5 JUVENILE RECORDS

Ault Police Department does not release Juvenile Records unless requested by a Defense Attorney, Parent/Legal Guardian or the Reported Juvenile.

STATE WHY YOU ARE REQUESTING JUVENILE INFORMATION

STATE HERE:

JUVENILE NAME:	DOB:	JUVENILE NAME:	DOB:
JUVENILE NAME:	DOB:	JUVENILE NAME:	DOB:

YOUR RELATIONSHIP TO ANY JUVENILE NAMED IN THE REPORT PARENT LEGAL GUARDIAN ATTORNEY OF RECORD Other (Please Indicate) _____ You are required to affirm relationship or submit proof (copy of ORIGINAL birth certificate or court documents) otherwise ALL juvenile(s) name will be redacted as per statute.

Section 6 PECUNIARY GAIN AFFIRMATION

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. I HEREBY AFFIRM AND/OR SWEAR THAT THE RECORDS I OBTAIN FROM THE AULT POLICE DEPARTMENT AS A RESULT OF THIS RECORDS SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

DATE:	SIGNATURE:
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METHOD OF PAYMENT

PAYMENTS AND COPY OF PHOTO ID ARE REQUIRED FIRST BEFORE RELEASING ANY TYPE OF REQUEST (FAILURE TO SUBMIT THE REQUEST WILL BE DENIED)

AULT POLICE DEPARTMENT
Accepts Credit Cards, Cash, Checks or Money Order

Cash: will only be accepted in person in the Town of Ault.

Credit Cards: Services are taken in person made under the authority of the Town of Ault Internet Portal Authority as designated in statute CRS 24.37.7-101, and are subject to an e-commerce portal pricing.

Mail Request Form, Photo ID, with Check or Money Order To: Ault Police Department/Records Department 201 1st Street P.O. Box 1098 Ault, CO 80610.

All requests are processed as soon as possible, but may take up to ten (10) business days. Such period may be extended if extenuating circumstances exist such as the request is for an inactive file, an unusually large request, or the record needs to be reviewed by administration. (State Statue 24-72-203)

For Official Use Only

Date Requested: _____

Date Issued or Denied: _____

Number of Pages: _____

Amount Paid: _____

Request Approved: Yes No

Reason for Denial:

Report Released By: _____

Application Taken From: _____