# LONE TREE POLICE DEPARTMENT CCJRA RECORDS REQUEST

**Date of Request**_____ **Case No:** _____

**THIS IS A REQUEST FOR A RECORDS SEARCH ONLY. SOME RECORDS MAY NOT BE AVAILABLE FOR RELEASE. RESEARCH AND PROCESSING FEES ARE NON-REFUNDABLE.**

## 1. APPLICANT INFORMATION (Please print or type)

| | |
|---|---|
| **Applicant Name:** | **Date of Birth:** |
| **Address:** | |
| **City, State and ZIP Code:** | |
| **Telephone:** | **Email of Requestor:** |

**Pursuant to C.R.S. § 24-72-305.5**, records of official actions, criminal justice records, and names, addresses, telephone numbers, and other information obtained from the Lone Tree Police Department **shall not be used to solicit business for pecuniary gain.**

**Applicant Signature (REQUIRED):** _____ **Date:** _____

## 2. INFORMATION REQUIRED TO PROCESS THIS REQUEST

| | |
|---|---|
| **Type of Incident:** | |
| **Date / Time of Incident:** | |
| **Name of Subject:** | **Subject's Date of Birth:** |
| **Applicant's Interest in This Incident:** _____ | |

**Records Requested:** ☐ Report ☐ Photographs ☐ 911/ Phone Calls ☐ Radio Traffic ☐ Video ☐ Clearance Letter ☐ Other: _____

**Delivery:** ☐ Email ☐ Mail (please provide a Self-Addressed Stamped Envelope) ☐ Will Pick Up

**A staff member will contact you for payment when an estimate is complete. ALL requests must be paid for in advance. If you choose to pay by credit card, there is a 2.3 % service fee.**

Submit this form with a copy of photo I.D. to **ltpdrecords@cityoflonetree.com**, in person or mail to:

**Lone Tree Police Department, Attn: Records, 12707 High Note Ave, Lone Tree, CO 80134**

IF PAYMENT HAS NOT BEEN RECEIVED WITHIN 30 DAYS OF PAYMENT REQUEST, THE REQUEST WILL BE CONSIDERED INCOMPLETE AND DESTROYED.

## DEPARTMENTAL USE ONLY

**Comments:** _____

_____

_____

**Photo ID Verified** ☐ Yes ☐ No **Verified by:** _____

**Records Released:** ☐ Yes ☐ No **Request Completed By:**_____ **Date Provided:** _____ **Fee Paid:** $_____