



# Request for Criminal Justice Information Ault Police Department

Section 1 REQUESTOR'S INFORMATION			
NAME:		COMPANY NAME:	
ADDRESS:		CITY:	STATE:      ZIP:
PRIMARY PHONE#:		FAX #:	
Section 2 DELIVERY METHOD AND SHIPPING INFORMATION			
PREFERRED METHOD OF DELIVERY: <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PICK UP		SHIPPING INFORMATION IS THE SAME AS REQUESTOR'S INFORMATION? <input type="checkbox"/> Yes	
NAME:		EMAIL ADDRESS:	FAX #:
ADDRESS:		CITY:	STATE:      ZIP:
Section 3 GENERAL INFORMATION			
DATE OF REQUEST:		AULT CASE REPORT#:	
DATE OF INCIDENT:		TIME OF INCIDENT:	
LOCATION OF INCIDENT:		COUNTY OF INCIDENT:	
Section 4 TYPE OF REQUEST			
<b>A COPY OF PHOTO ID MUST BE INCLUDED WITH REQUEST</b>	<input type="checkbox"/> <b>Basic Traffic Report</b> \$5.00 for the first 5 pages (\$0.25 for each additional page)	<input type="checkbox"/> <b>Complete Case File</b> \$5.00 for the first 5 pages (\$0.25 for each additional page)	<input type="checkbox"/> <b>Background Checks</b> are only provided to local Law Enforcement Agencies (through letter head request)
	<input type="checkbox"/> <b>Photographs</b> CD or DVD \$5.00 per disk additional fees may apply	<input type="checkbox"/> <b>BWC</b> CD or DVD \$5.00 per disk additional fees may apply	<input type="checkbox"/> <b>Dispatch Audio</b> are not released by Ault Police Department refer to Weld County Dispatch at <a href="http://www.weldgov.com">www.weldgov.com</a> 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			
JUVENILE NAME:	DOB:	JUVENILE NAME:	DOB:
JUVENILE NAME:	DOB:	JUVENILE NAME:	DOB:
YOUR RELATIONSHIP TO ANY JUVENILE NAMED IN THE REPORT <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> ATTORNEY OF RECORD <input type="checkbox"/> Other(Please Indicate) _____ You are required to affirm relationship or submit proof (copy of ORIGINAL birth certificate or court documents) otherwise <b>ALL</b> 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:		

**METHOD OF PAYMENT**

**AULT POLICE DEPARTMENT**  
Accepts Credit Cards, Cash or  
Checks.

**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.

**Checks Send Request & Payment By Mail 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: \_\_\_\_\_