



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

Reply may take up to three working days. Please allow adequate time for processing and mailing.

PURPOSE FOR THE REQUEST: Please check one of the following:

MUG SHOT

NAME _____ DOB _____ JCID # _____

NAME _____ DOB _____ JCID # _____

BACKGROUND CHECK (ARREST AND SUMMONS INFORMATION BASED ON SHERIFF'S RECORDS ONLY)

NAME _____ DOB _____

POLICE REPORT CASE # _____ OR

NAME _____ DOB _____ ADDRESS _____

(Reporting Party or person listed in report)

LOCATION SEARCH (Unincorporated Jefferson County only)

ADDRESS _____

TIMEFRAME (DATES) REQUESTED: _____

OTHER: _____

(In/Out dates, Columbine documents, Sex Offender Lists, etc)

**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 #** _____

FOR INTERNAL USE ONLY

REQUEST GRANTED AUTHORIZED BY: _____

CASH CHECK MC/VISA AMOUNT \$ _____

REQUEST DENIED (Reason: _____)

COMPLETED BY: _____ DATE: _____

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)