



PARKER POLICE DEPARTMENT

Police Report Request

COST: .25 cents per page (8.5 x 11)

Report will be destroyed if it is not picked up within 14 days of notification

INSTRUCTIONS:

1. This form must be completed accurately.

2. Bring or mail this form to the Parker Police Department, 18600 E Lincoln Meadows Parkway, Parker, Colorado 80134. You may also fax this form to 303.805.6990 or scan and email to policerecords@parkeronline.org. The phone number to Parker Police Department is 303.841.9800.

Your signature affirms that the requested information will not be used for solicitation of business for monetary or pecuniary gain and acknowledges that such a violation is a misdemeanor and is punishable by a fine and/or imprisonment – C.R.S. 24-72-305.5 & 24-72-309.

Signature _____ Today's Date _____

Failure to sign will result in request not being fulfilled

Person Requesting Report Copy	Case Number
Nature of Incident (Accident, Assault, Burglary etc.)	
Name of Victim (or Driver)	
Location of Incident	
Date and Time of Incident	
Phone Numbers (circle daytime #) HOME: _____ WORK: _____ OTHER: _____	
Driver's License or I.D. Number of Requestor STATE: _____	
CHECK ONE: <i>I am the</i> <input type="checkbox"/> Victim; <input type="checkbox"/> Arrestee; <input type="checkbox"/> Suspect; <input type="checkbox"/> Witness;	
<input type="checkbox"/> Guardian for: _____ <input type="checkbox"/> Attorney for: _____	
<input type="checkbox"/> Media Outlet: _____ <input type="checkbox"/> Other: _____	

TO BE COMPLETED BY PARKER POLICE DEPARTMENT PERSONNEL

No Record Found Need More Information Copy Released Request Denied Destroyed

Fee Due: _____ Today's Date: _____ Date Provided/Destroyed: _____

Clerk Releasing Report: _____ Remarks: _____

Requesting Party Notified By: _____ Date: _____ Time: _____