

**ARAPAHOE COUNTY SHERIFF'S OFFICE
RECORDS REQUEST**

DATE: _____

CR #: _____

BOOKING #: _____

TYPE OF REQUEST

CR ___ BOOKING INFO ___ PHOTO ___ TAPES ___ STATS ___ BACKGROUND CHECK ___

APPLICANT INFORMATION

Name _____ (Please Print) _____ DOB _____

Address _____ (Complete street address, City, State, Zip Code) _____ Phone _____

Driver's License Number _____ State _____

Reason for Request: _____

Information Provided By:

Date: _____ Time: _____ Senior Clerk's Initials: _____

DENIAL OF INSPECTION

Reason for Denial

- () Contrary to State Statute
- () Prohibited by rules or order of the Court
- () Contrary to Public Interest

Date: _____ Time: _____ Approval: _____