



Aurora Police Department
Colorado Criminal Justice Records Request Form
Colorado Revised Statutes § 24-72-301, et seq.
Email: APD-ORR@auroragov.org
Open Records Coordinator: 303.739.6267

Requester's Information

Name: _____ Company Name: _____

Address: _____

Telephone: _____ Email: _____

Signature: Raj For Chip McCoy _____ Date: _____

Your signature affirms that the requested information will not be used for solicitation of business for monetary or pecuniary gain and acknowledges such a violation is a misdemeanor and is punishable by a fine and/or imprisonment per C.R.S. 24-72-305.5 & 24-72-309. Additionally, you are responsible to pre-pay all applicable fees set forth in the current fee schedule, including research/data extraction time; and that by the nature of the records requested, access may be denied or limited.

Specifics of Incident
(Required)

Case Report Number: _____ Date & Time of Incident: _____

Location of Incident: _____

Type of Incident: _____

Submitted on Behalf of: _____
(Self, Name of Individual/Entity)

Request for 911 / Dispatch Recording

(Leave this section blank if you are not requesting 911 Dispatch Recordings)

☐ I ONLY want to Request a 911 Recording ☐ I want to Request a 911 Recording AND items below

Detailed Description of Additional Records Being Requested

City Use Only (Below)

Processed by: _____ Date Completed: _____

☐ Released ☐ No Record ☐ Denied ☐ NOTES: _____

☐ Crime Analyst ☐ Digital Media ☐ Dispatch: ☐ Other Department: _____

This request form is not to be used in place of Court Discovery. If your request is not filled out completely, or is illegible, it may be returned.

To Whom It May Concern:

Pursuant to the Colorado Open Records Act, I hereby request the following records:

- 1) The name of any vendors or manufacturers that your department purchases license plate reader technology from. This may include but is not limited to cameras, software, or other technology to support automated reading of license plates in the areas your department serves.
- 2) The name of any vendors that your department partners with to install or perform maintenance on license plate reading technology (e.g., cameras and other software). These partners may also be known as integrators.
- 3) Where available, the contracts or purchase agreements with the vendors or parties included in the above two bullets.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 3 business days, as the statute requires.

Sincerely,

Chip McCoy