



GRANBY POLICE DEPARTMENT
REQUEST FOR CRIMINAL JUSTICE RECORDS



Applicant Information

Name	_____	Date of Birth	_____
Address (Phys)	_____	Cell Phone	_____
Address (Mail)	_____	Home Phone	_____
City, State, Zip	_____		

Records Requested

Date	Case Number(s)	How you would like to receive the information:
_____	_____	_____ Mail
_____	_____	_____ Fax
_____	_____	_____ Email

What type of information are you looking for? (i.e. case report, citation, etc.)

In order to process your request, please provide all specific information available. (i.e. Incident, charges, name of victim(s) / subject(s) contained, ect.)

24-72-305.5 **Access to records - denial by custodian - use of records to obtain information for solicitation.** Records of official actions and criminal justice records and the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. 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.

24-72-309. **Violation - Penalty.** Any person who willfully and knowingly violates the provisions of this part 3 is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than one hundred dollars, or by imprisonment in the county jail for not more than ninety days or both such fine and imprisonment.

Signature	_____	Date	_____
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FOR OFFICE USE ONLY

Date Received	_____	Method (circle one)	In Person	Mail	Email	Fax	Other	_____
Date Furnished	_____	Method (circle one)	In Person	Mail	Email	Fax	Other	_____
Amount Charged	_____	Paid (circle one)	Yes	No				
Date Denied	_____							
Records Clerk Signature	_____							