

GRAND JUNCTION REGIONAL COMMUNICATION CENTER (GJRCC)

AUDIO REQUEST FORM

GJRCC Incident #: _____ (Use separate forms for additional incidents) GJRCC Audio Request #: _____ (For GJPD use only)

Date Requested: _____ Date Required / Court Date: _____ (If applicable)

Requestor's Name: _____ Requesting Agency/Firm: _____

Phone: _____ Ext: _____ Email: _____

Reason for Request: _____

INCIDENT INFORMATION

Date of Incident: _____ Time: _____ Incident Type: _____

Location of Incident: _____

Defendant(s) Name(s): _____

Associated Persons: _____

Specific Information Needed: _____

Telephone: 911 Non-Emergency Admin Other _____

Radio Traffic: PD Fire/Ambulance MCSO Other _____

Start time: _____ End time: _____

NOTES & FEES

- Submit requests to property@gjcity.org (preferred) or fax to 970-549-5151 or drop off at GJPD records.
- Allow two weeks for processing from the date received by GJRCC – rush requests must be clearly specified as such.
- All requests are billed at \$6.00 per recording. Multiple recordings cannot be combined.
- The first hour of research is included in normal fees. Additional time is charged at \$5.00 per quarter hour.
- Criminal justice records are released only after the Citizen Advisement form has been acknowledged for all records except traffic accidents per C.R.S. §24-72-305.5
- For Colorado State Patrol (CSP) Radio Traffic please call 970-249-4392.
- Questions? Please call 970-549-5174.

GRAND JUNCTION REGIONAL COMMUNICATION CENTER (GJRCC)

AUDIO REQUEST FORM

FOR GJRCC USE ONLY

Date Received by GJRCC: _____ Staff Initials: _____
 Date Completed: _____ Staff Initials: _____

- | | | | | |
|-----------------------------------|--|--|--|--|
| <input type="checkbox"/> Routed | <input type="checkbox"/> GJPD | <input type="checkbox"/> DA's Office | <input type="checkbox"/> City Attorney | <input type="checkbox"/> Prepaid Shipping/Mail |
| | <input type="checkbox"/> MCSO | <input type="checkbox"/> Fruita PD | <input type="checkbox"/> Palisade PD | <input type="checkbox"/> GJ Fire |
| | <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> Notified | <input type="checkbox"/> Phone Contact | <input type="checkbox"/> Phone Message | <input type="checkbox"/> Email | |
| | <input type="checkbox"/> Other: _____ | | | |

Citizen Request

- Criminal Case? Yes Approved by GJPD Case Agent or Other Agency?
 Yes (Contact DA for approval to process request)
 No (Notify requestor) Date: _____
- DA Approval?
 Yes (Send copy to City Attorney for review)
 No (Notify requestor) Date: _____
- No (Send copy directly to City Attorney for review)

Delivered to City Attorney for Review. Date: _____ Staff Initials: _____

CITY ATTORNEY:

- Is evidence available for release as open record?
 Yes (Contact GJPD Lab)
 No Reason for Denial: _____
 Date City Attorney Notified Requestor: _____
 Not Notified

Citizen request received from City Attorney at GJPD after review.
 Date: _____ Staff Initials: _____

NOTES: _____

	Deposit Paid	\$
Total # Discs (@ \$6.00 each)		
Search & Redaction Time Exceeding 1 Hour (@ \$5 per Quarter Hour)		
Other:		
	Total Fees Due	\$
	Payment Received By:	

Request Received by: _____

Printed Name _____ Signature _____ Date _____