



LARIMER COUNTY SHERIFF'S OFFICE
Administration Division - Records Section

Record Number _____

Request for Record

All requests for records must be made through the Records Section of the Larimer County Sheriff's Office. Costs for reproduction of records have been authorized by Colorado Revised Statute 24-72-306 and set by Larimer County Resolution 07012008R004. Initial research fees are nonrefundable.

Date of Request: _____ **Report #** _____

Records certified

Depending on the status of the report, you may be referred to the Larimer County District Attorney's Office to initiate your request through their office.

- LCSO Case Report** - fee of **\$7.50** is required for research & retrieval with an additional \$.25 per page processing will be assessed once report is available for release.
- Booking Photo** - fee of **\$1.50** is required before request will be processed
- CAD Notes** - fee of **\$7.50** is required before request will be processed
- 911/Dispatch Recording** - fee of **\$30.00** is required before request will be processed. Only the previous 13 months are available.
- Address Check** - fee of **\$7.50** is required before request will be processed
- Case Photos** - fee of **\$10.00** is required before request will be processed.
- Video and/or Audio Recording** - **Research & invoice are completed after request received. Once payment is made on the invoice, the video or audio will be processed. DESCRIBE WHAT YOU ARE REQUESTING:** _____

PLEASE PRINT

Person Named in Report:		Date of Birth:		Social Security No:	
Address of Person:		City	State	Zip	Phone:
Incident Date/Time:			Incident Location		
Nature of Incident:					
Name of Requester:			Date of Birth:		Relationship to Person Named:
Company / Agency Name:					
Requester Address:		City	State	Zip	Phone:
When request is complete (choose one) <input type="checkbox"/> Mail <input type="checkbox"/> Call to Pick Up <input type="checkbox"/> Email <input type="checkbox"/> Fax					
Email:			Fax #:		

CRS 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 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.

I affirm that I shall not use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such violation is a class 3 misdemeanor under CRS 24-72-309.

Requester's Signature: _____ **Date signed:** _____

Signed request forms can be emailed to: sheriffreports@larimer.org or faxed to: 970-482-8745

RECORDS USE ONLY

RECEIVED BY:	DATE:	RESEARCH FEE: ___ \$1.50 ___ \$7.50 ___ \$10.00 ___ \$30.00 ___ TBD Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived FORM OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Billed CREDIT CARD: Type _____ NO _____ EXP ___ / ___ CVV ___	PAGE FEE: _____ @\$.25/page Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived ADDITIONAL FEES DUE: <input type="checkbox"/> Yes <input type="checkbox"/> No ADDITIONAL FEES PAID: <input type="checkbox"/> Yes <input type="checkbox"/> No LOGGED <input type="checkbox"/> Yes <input type="checkbox"/> No CERTIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No
PROCESSED BY:	DATE:		
RELEASED BY:	DATE:		
<input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP <input type="checkbox"/> EMAILED <input type="checkbox"/> FAXED	# OF DOCUMENTS RELEASED		