## LARIMER COUNTY SHERIFF'S OFFICE Administration Division - Records Section INCARCERATION/ALTERNATIVE SENTENCING INMATE FILE

| Date of Request:  |   | _  |  |   |                                    |                                |  |
|---|---|--|--|---|------------------------------------|--------------------------------|--|
| All requests for inmate file<br>Office. A non-refundable<br>review, and redaction. In<br>Any additional amount ow<br>been authorized by Colore  | fee of \$7.50 is require<br>addition, a processing<br>yed must be paid befo | d before research will beg<br>g fee of \$.25 per page will<br>ore Sheriff's Office personn | in. This fe<br>be assess<br>el will rele | ee includes se<br>sed for each p<br>ease the reco | arch, rel<br>page of t<br>rds. Fee | rieval,<br>the file.<br>s have |  |
| Inmate Name   |   |  | Inm                                      | ate DOB:  |                                    |                                |  |
| Incarceration dates requeste  | d:  |  |  |   |                                    |                                |  |
| Records Use Only  |   |  |  |   |                                    |                                |  |
| MNI #:  | Booking #:  | Record Typ   | e - A                                    | SU - Bo   | ooking                             |                                |  |
| I AUTHORIZE THE RELEATION   | ASE OF MY INMATE  | FILE TO:   |  |   |                                    |                                |  |
| Company/Agency:   |   |  |  |   |                                    |                                |  |
| Address:  |   | City/State   |  |   |                                    | Zip:                           |  |
| Phone:  |   |  |  |   |                                    |                                |  |
| When request is complete (c<br>Email to:  | hoose one) 🗆 N  | Nail 🗆 Call to Pick Up<br>Fax #:   |  | Fax 🗆 E   | mail                               |                                |  |
| I authorize the release of the above inmate records to the above named person/business. These records will consist of information relating to my incarceration at Larimer County Jail, which may include, but is not limited to: medical screening, property records, inmate behavior reports, inmate request reports, etc. Due to the nature of these records, inmate's signature must be notarized. |   |  |  |   |                                    |                                |  |
| Signature (MUST BE NOTAR  | IZED)   | <br>Date   |  |   |                                    |                                |  |
| Subscribed and sworn to before me this  |   | day of,  |  |   | { SEAL }                           |                                |  |
| Notary Public/Larimer County/State of Colorado My Commission Expires  |   |  |  |   |                                    |                                |  |
| Signed requests may be faxed  | to: (970) 482-8745 or en  | nailed to: sheriffreports@lari   | mer.org                                  |   |                                    |                                |  |
| RECORDS USE ONLY  |   |  |  |   |                                    |                                |  |
| RECEIVED BY:  | DATE:   | RESEARCH FEE\$7.50_  |  | PAGE FEE  |                                    | \$.25/page                     |  |
| PROCESSED BY:   | DATE:   | Paid:   Yes   No   V<br>LOGGED   Yes   No  |  | Paid:   Yes<br>NAL FEES DUE:                      | □ No<br>□ Yes                      | □ Waived<br>□ No               |  |
| RELEASED BY:  | DATE:   | # OF PAGES RELEASED  | ADDITIO                                  | NAL FEES PAID:                                    | □ Yes                              | □ №                            |  |
| □ MAILED □ PICKED UP □ EMAILED □ FAXED  |   |  |  |   |                                    |                                |  |

Rev 070914