

LARIMER COUNTY SHERIFF'S OFFICE Administration Division - Records Section <u>Charge Summary Report</u>

All requests for records must be made through the Records Section of the Larimer County Sheriff's Office. Research fees must be paid at the time request is made. Costs for reproduction of records have been authorized by Colorado Revised Statute 24-72-306 and set by Larimer County Resolution 07012008R004.

Date of Request:				Records certified ☐ Yes ☐ No Clearance Letter Notarized ☐ Yes ☐ No					
A nonrefun		n fee of \$7.50 is is fee includes	•			_	this request.		
*Records are generated by charges of bookings into th	e Larimer Cou	nty Jail. It will a NOT include c	also inclu ourt disp	de charges ositions or	via citat	ion, sumn			
PLEASE PRINT Full Name of Person: Date of Birth:									
ruii Naille of Person.				pate of Birth.					
Name of Requester:			Date of B	irth:					
Company / Agency Name:					<u> </u>				
Requester Address:			City		State	Zip	Phone:		
When request is complete (choose one)			Call to Picl	(Up	Fax	E-mail			
E-mail to:				Fax #:					
CRS 24-72-305.5 - Access to reco	rds donial by suc	todion uso of ros	ords to ob	tain informatio	on for soli	sitation			
Records of official actions and cribe used by any person for solicit actions and criminal justice record business for pecuniary gain.	iminal justice reco	ords and the name ecuniary gain. The	s, addresse e Official C	es, telephone r ustodian or de	numbers, signee sh	and other in all deny any	person access to reco	rds of offici	
I affirm that I shall not use the reclass 3 misdemeanor under CRS	-	tion for direct soli	citation of	business for po	ecuniary g	gain and ack	nowledge that such vi	olation is a	
Requester's Signature:					Date Signed:				
Signed reque	est forms can b	e emailed to: s	heriffrep	orts@larim	er.org o	r faxed to	: 970-482-8745		
RECORDS USE ONLY									
RECEIVED BY:	DATE:	RESEAI <u>Paid:</u>	•	Yes		T CARD: T		-	
PROCESSED BY:	DATE:			No Waived					
RELEASED BY:	DATE:	FORM ☐ Che	<u>OF PAYME</u> ck	<u>NT</u> : ☐ Cash it Card ☐ Bille	cvv_		-		

Certification □ **Yes** □ **No**

Notarized □ Yes □ No

Clearance Letter needed: \Box Yes \Box No

Letter Written: \square Yes \square No

OF PAGES RELEASED

LOGGED \Box Yes \Box No

☐ MAILED ☐ PICKED UP

□ EMAILED □ FAXED