



LARIMER COUNTY SHERIFF'S OFFICE
Administration Division - Records Section

RECORDS USE ONLY _____

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 the Larimer County Updated LCSO Records Fee Schedule resolution. Initial research fees are non-refundable.

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

Records Certified

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

ALL FEES INCLUDE RESEARCH, RETRIEVAL & PROCESSING

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> <u>LCSO Case Report</u> | \$7.50 + 25¢ per page | <input type="checkbox"/> <u>Address Check</u> | \$7.50 + 25¢ per page |
| <input type="checkbox"/> <u>CAD Notes</u> | \$7.50 + 25¢ per page | <input type="checkbox"/> <u>Case Photos</u> | \$7.50 + 25¢ per page |
| <input type="checkbox"/> <u>911/Dispatch Recording</u> | \$30.00 previous 25 months available per standard retention | <input type="checkbox"/> <u>Booking Photo</u> | \$1.50 |
| <input type="checkbox"/> <u>Video/Audio Recording</u> | \$10.00/15 minutes of research and redaction time | <input type="checkbox"/> <u>Special Search/Stats</u> | \$40.00/hour
1 hour minimum |

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:
Email address or Fax #:					
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					

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 petty offense 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 ___\$30.00___ TBD ___Invoice___ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived	Total Fees Due: \$ _____
PROCESSED BY:	DATE:	FORM OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Billed/Invoiced	ADDITIONAL FEES PAID: <input type="checkbox"/> Yes <input type="checkbox"/> No
RELEASED BY:	DATE:	CREDIT CARD: Type _____ NO _____ EXP ___/___ CVV _____	PAGE FEE: _____ @ 25¢/page Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived
<input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP <input type="checkbox"/> EMAILED <input type="checkbox"/> FAXED		# OF DOCUMENTS RELEASED: _____	LOGGED: <input type="checkbox"/> Yes <input type="checkbox"/> No CERTIFICATION: <input type="checkbox"/> Yes <input type="checkbox"/> No