



**LARIMER COUNTY SHERIFF'S OFFICE**  
**Administration Division - Records Section**  
2501 Midpoint Drive  
Fort Collins, Colorado 80525

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 <b>and</b> redaction time    | <input type="checkbox"/> <u>Special Search/Stats</u> | \$40.00/hour<br>1 hour minimum |

DESCRIBE WHAT YOU ARE REQUESTING: \_\_\_\_\_

**PLEASE PRINT**

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

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 dropped off at or mailed to our office or faxed to 970-482-8745. Electronically submitted requests for records must be submitted through our request portal at <https://www.larimer.gov/sheriff>.

Questions can be directed to [sheriffreports@larimer.org](mailto:sheriffreports@larimer.org) or 970-498-5110.