



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 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.

ALL FEES INCLUDE RESEARCH, RETRIEVAL AND PROCESSING

- | | | | |
|--|---|--|----------------------------|
| <input type="checkbox"/> <u>LCSO Case Report</u> | \$7.50 with an additional \$.25 per page fee. | <input type="checkbox"/> <u>Booking Photo</u> | \$1.50 |
| <input type="checkbox"/> <u>CAD Notes</u> | \$7.50 | <input type="checkbox"/> <u>Address Check</u> | \$7.50 |
| <input type="checkbox"/> <u>911/Dispatch Recording</u> | \$30.00 Only the previous 25 months is available. | <input type="checkbox"/> <u>Case Photos -</u> | \$10.00 |
| <input type="checkbox"/> <u>Video and/or Audio Recording</u> | \$7.50/15 minutes (research and redaction time). | <input type="checkbox"/> <u>Special Search/Stats -</u> | \$40.00/hr
1 hr 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:
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 address or 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

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RECEIVED BY:	DATE:	RESEARCH FEE: \$1.50 ___ \$7.50 \$10.00 ___ 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