



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 13 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). |   |   |         |

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>When request is complete (choose one)</b> <input type="checkbox"/> Mail <input type="checkbox"/> Call to Pick Up <input type="checkbox"/> Email <input type="checkbox"/> Fax					
<b>Email address or 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 class 3 misdemeanor under CRS 24-72-309.

Requester's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Signed request forms can be emailed to: [sheriffreports@larimer.org](mailto: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	Total Fees Due: \$ _____
		Paid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived	
PROCESSED BY:	DATE:	FORM OF PAYMENT:	ADDITIONAL FEES PAID: <input type="checkbox"/> Yes <input type="checkbox"/> No
RELEASED BY:	DATE:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Billed/Invoiced	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	# OF DOCUMENTS RELEASED	CREDIT CARD: Type _____	LOGGED <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> EMAILED <input type="checkbox"/> FAXED		NO _____ EXP ___ / ___ CVV _____	CERTIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No