

FREMONT COUNTY SHERIFFS OFFICE
REQUEST FOR RELEASE/INSPECTION OF CRIMINAL JUSTICE RECORDS

Person Requesting Records: _____ DOB: _____

Address: _____ Phone#: _____

NOTE: The following information is required to ensure you receive the proper report, please check one.

POLICE REPORT: \$5.00 processing fee includes the 1st five pages; any additional pages will be 25 cents per page copied. Photos copied on paper will be an additional 25 cents to \$1.00 per page. Each report is considered a separate request. This is a non-refundable fee whether or not the requested record is located.

NAME _____ CASE # _____ **OR**
(Person listed in report i.e. Reporting Party; Suspect; Victim)

TYPE OF REPORT _____ DATE AND TIME OF INCIDENT _____

TRAFFIC TICKET \$3.00 Name _____ Ticket date: _____

BACKGROUND CHECK: \$10.00 (Sheriff's Office and Detention Center records only)

NAME _____ DOB _____
(First and Last Name Mandatory) (Mandatory)

BOOKING SHEET \$3.00 **MUG SHOT (5/7 color photo only) \$3.00**

NAME _____ DOB _____ ARREST DATE _____
(First and Last Name Mandatory) (Mandatory)

PHOTOS ON CD \$10.00 (if available) **RECORDING ON CD \$15.00 (if available)**

NOTE: According to Colorado Revised Statute 24-72-305.5, 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 the purpose of soliciting business for pecuniary gain. The official custodian shall deny any person access to records of official action and criminal justice records unless such a 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 will pay all fees associated with this records request.

Requester's Signature: _____ **Date:** _____

A \$5.00 processing fee is required prior to research of report/record. Additional Fees will be charged for any research longer than 20 minutes. Balance owed must be paid in full before information is released.

Official Use Only

I.D. Verified: [] Yes [] No Processing Fee Paid: [] Yes [] Waived-victim of DV/Violent crime

Applicant Notified: [] phone (left message) _____ [] mailed _____

Pages _____ Amount owed \$ _____ [] **PAID** [] Referred other agency _____

[] Victim of non-violent crime, no charge for copies up to 20 pages. Clerk Released: _____

Effective 02-26-09