

WASHINGTON COUNTY SHERIFF'S OFFICE  
REQUEST FOR RECORDS

In accordance with Colorado Revised Statutes, 19-1-301 through 304, concerning Children's Code Records and Information Act and 24-72-201 through 206, concerning Inspection, Copying and Photographing Public Records, and 24-72-301 through 24-72-309 concerning Criminal Justice Records, the WCSO will provide, for public inspection, records in the custody of the Sheriff's Office which are legally allowed within the provision of the above referenced statutes. The Sheriff's Office is authorizing dissemination ONLY to the below requestor in accordance with C.R.S 24-72-304, secondary dissemination may violate this statute and will not be the responsibility of the Sheriff's Office. To request a copy of the record you MUST complete this form, which will be retained in the file of the requested record. All requests are processed as soon as possible, but may take up to 3 working days. Such period may be extended if extenuating circumstances exist such as the request is for inactive file; an unusually long request or the records need to be denied, you may request a written explanation as to why. The fee shall be as detailed below, unless actual costs exceed that amount, in which case actual costs may be changed. Actual costs include staff time. Any fees charged in this policy shall include the cost of redacting documents to excise privileged material. Fees may be waived or reduced with prior approval of the Sheriff.

**PER C.R.S 24-72-205 (6)(a), A RESEARCH/ RETRIEVAL FEE WILL BE ASSESSED FOR EVERY REQUEST TO INSPECT PUBLIC RECORDS WHETHER OR NOT THE REQUESTED RECORD IS LOCATED. THERE IS NO CHARGE FOR THE FIRST HOUR, AFTER THE FIRST HOUR, A 30.00 PER HOUR FEE WILL ASSESSED.**

**\*\*THERE ARE CERTAIN REPORTS THAT CANNOT BE EMAILED AND MUST BE OBTAINED IN PERSON UPON PROVIDING PROPER IDENTIFICATION. \*\***

PERSON REQUESTING RECORDS: \_\_\_\_\_

REPRESENTING (NAME OF FIRM/BUSINESS): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

REPORT #: \_\_\_\_\_ REPORT DATE: \_\_\_\_\_

PERSON(S) INVOLVED IN RECORD: \_\_\_\_\_ DATE(S) OF BIRTH \_\_\_\_\_

INVOLVEMENT TYPE:  VICTIM  WITNESS  SUSPECT  COMPLIANT  ARRESTEE  INVOLVED

**CHECK INFORMATION REQUESTED**

**CASE REPORT FOR VICTIM:** NO CHARGE TO PERSONS INDEXED AS A VICTIM OF THE REPORT.

**CASE REPORT:** \$5.00 FOR EACH SEARCHED CASE REPORT (INCLUDES RETRIEVAL, COPYING OF THE FIRST TEN PAGES OF THE REPORT). THERE IS A FEE OF \$.25 PER EACH ADDITIONAL PAGE.

**CRIMINAL HISTORY:** \$10.00 PER CRIMINAL HISTORY SEARCH. A CRIMINAL HISTORY CONSISTS ONLY OF AN ARREST(S) WHERE THE SUBJECT WAS LODGED IN THE WASHINGTON COUNTY JAIL AND ANY CRIMINAL SUMMONS ISSUED BY WASHINGTON COUNTY SHERIFF'S OFFICE TO THE SUBJECT.

     **COMBINED HISTORY** (CRIMINAL & NON CRIMINAL): \$10.00 PER COMBINED HISTORY.

     **CASE PHOTOGRAPHS (IF AVAILABLE):** \$2.50 EACH PHOTO OR \$15.00 PER CD.

     **MUGSHOT:** \$5.00 PER MUGSHOT.

     **JAIL RECORDS FOR INMATE:** \$.25 PER PAGE FOR FIRST 25 PAGES, REQUESTS THAT EXCEED 25 PAGES WILL REQUIRE PRE-PAYMENT BEFORE RECORDS WILL BE GIVEN TO INMATE OR INMATE'S REPRESENTATIVE. FEES ARE NOT WAIVED FOR IN CUSTODY INMATES AND INMATE ACCOUNTS WILL BE CHARGED ACCORDINGLY.

     **OTHER:** \_\_\_\_\_

**AUDIO AND VIDEO REQUEST**

     **SEARCH & CD BURNING ( PER HOUR)** \$30.00 (THIS INCLUDES THE 1<sup>ST</sup> HOUR OF RETRIVING THE RECORD AND THE COST OF BURNING THE CD.) \$15 AN HOUR FOR EACH ADDITIONAL HOUR

     **RUSH REQUEST** (LESS THAN SEVEN (7) DAYS BETWEEN REQUEST AND DATE NEEDED)

YOUR SIGNATURE ACKNOWLEDGES THAT YOU WILL PAY ALL SHERIFF'S FEES ASSOCIATED WITH THIS RECORDS REQUEST ( ALL PAYMENTS MUST BE RECEIVED IN ADVANCE OF RELEASING THE REQUESTED RECORDS) AND THAT PER STATUTE 24-72-305.5 THE SEARCHED RECORDS WILL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

     I have read and agree to the terms and the conditions stated above.  
(Check here if submitting electronically)

**HOW DO YOU WANT TO RECEIVE YOUR RECORDS?**

MAIL \_\_\_\_\_ PICK UP \_\_\_\_\_ EMAILED \_\_\_\_\_ (AUDIO AND VIDEO CAN NOT BE EMAILED)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS REQUEST MAY BE FAXED TO THE RECORDS SECTION. THE FAX NUMBER IS (970) 345-2419. OR THIS REQUEST MAY BE EMAILED TO THE RECORDS SECTION: [records@co.washington.co.us](mailto:records@co.washington.co.us).

**SECTION BELOW TO BE COMPLETED BY THE RECORDS SECTION ONLY**

REQUEST RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUEST COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

COST: \$ \_\_\_\_\_      \_\_\_PAID    \_\_\_UNPAID    \_\_\_MEDIA    \_\_\_VICTIM