

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.

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  COMPLAIANT  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.

**ACCIDENT REPORT:** \$ .25 PER PAGE

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

**MUGSHOT:** \$5.00 PER MUGSHOT.

**OTHER:** \_\_\_\_\_

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: [wco@co.washington.co.us](mailto:wco@co.washington.co.us)  
THIS REQUEST MAY ALSO BE DROPPED OFF AT THE WASHINGTON COUNTY SHERIFF'S OFFICE AT 26861 U.S HIGHWAY 34 AKRON, CO 80720

**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

