



# Delta County Sheriff's Office

555 Palmer St ~ PO Box 172 ~ Delta, CO 81416

Sheriff Fred McKee

970-874-2011 phone 970-874-2027 fax

## OPEN RECORDS REQUEST FORM

All requests for records must be made to the Records Clerk of the Delta County Sheriff's Office. **A NON-REFUNDABLE research fee of \$5.00 is required and due at time of request before a search will begin.** Additional fee of \$.25 per page will be assessed for any report over four pages. Additional reports under the same request under the same name or address/location are \$2.50 per report. **Dispatch 911 recordings \$25; photographs \$2 ea or \$25 photos on CD.** A separate request form *must* be completed for multiple requests along with the required fee. All fees must be paid prior to release of records. Costs for reproduction of records have been authorized by Colorado Revised Statute 24-72-306.

### INFORMATION ABOUT YOU (PARTY REQUESTING THE INFORMATION)

Please fill in the information requested below thoroughly and accurately. This will ensure the timeliest response to you. All requests will be mailed unless another method is requested.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax or Other Phone No.: \_\_\_\_\_

**C.R.S. 24-72-305.5 Access to records—denied by custodian—use of records to obtain information for solicitation. RECORDS OF OFFICIAL ACTION AND CRIMINAL JUSTICE RECORDS AND THE NAMES, ADDRESSES, TELEPHONE NUMBERS, AND OTHER INFORMATION IN SUCH RECORD 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 PERSON SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH RECORDS SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.**

By signing this form I swear and affirm that I will not use the information I receive for pecuniary gain.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

What record are you requesting? Check appropriate box and continue completing form:

Local Background Check     Law Enforcement Records     Sex Offender Registry Record

### INFORMATION ABOUT THE PARTY NAMED IN THE REPORT/BACKGROUND CHECK

Please fill in the information requested below as completely and legible as possible. Incomplete information may be insufficient for a successful retrieval of the requested report or information.

Full Name (include aliases/maiden name): \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Nature of Incident: \_\_\_\_\_  
(or approximate time frame i.e. May – August 2007) (i.e. burglary, traffic accident, assault, etc)

Location of Incident (if different than address listed above) \_\_\_\_\_

What specific information are you requesting (i.e. report; dispatch 911 recording; photos; booking record; etc (be specific AND pay appropriate fee for records)) \_\_\_\_\_

### Office Use Only

DCSO Numbers: Incident/Case No. \_\_\_\_\_ Arrest/Booking No(s). \_\_\_\_\_

Date Request Received: \_\_\_\_\_ Fee paid \$ \_\_\_\_\_ Amount due \$ \_\_\_\_\_

Was request furnished? YES \_\_\_ # of pages \_\_\_ Comments: \_\_\_\_\_

NO: \_\_\_ State reason and applicable statute number(s): \_\_\_\_\_

Date and method of release: mail \_\_\_\_\_ pickup \_\_\_\_\_ other (specify) \_\_\_\_\_

Record Custodian's Signature \_\_\_\_\_ Date \_\_\_\_\_