



**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 due at the time of request before a search will begin.** Additional fee of \$.25 per page will be assessed for any report over 4 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 each or \$25 photos on CD.** A separate request form **must** be completed for multiple requests along with the required fees. 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: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax or other phone: \_\_\_\_\_

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 or affirm that I will not use the information I receive for pecuniary gain.**

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

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

Local Background Check

Law Enforcement Records

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

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

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

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

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

Date of incident: \_\_\_\_\_ Nature of incident: \_\_\_\_\_

**Office Use Only**

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

Date Request Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Request Furnished? **YES** \_\_\_\_\_ No. of Pages \_\_\_\_\_ Comments: \_\_\_\_\_

**NO:** \_\_\_\_\_ State reason and statute number: \_\_\_\_\_

Released by: mail \_\_\_\_\_ pick up \_\_\_\_\_ other \_\_\_\_\_

Record Custodian Signature: \_\_\_\_\_

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

