CUSTER COUNTY SHERIFF’S OFFICE

 **Request for Records Search**

This form is to be utilized to request copies or review documents in the possession of the Custer County Sheriff’s Office, subject to the provisions of the Open Record Act (CRS Article 72). Copies are subject to applicable charges. Copy charges may vary for records that require extensive preparation, retrieval or research efforts involving staff time of 1 hour or more. Where total charges are in excess of $5, prepayment is required. Cost estimates shall be provided to the customer prior to providing the services requested and payment shall be rendered prior to the commencement of work.

**Type of Record Requested:** Report # (if known):

 [ ]  Traffic Accident [ ]  Arrest/Custody

 [ ]  Offense/Incident [ ]  Local Background Check

 [ ]  Other:

Specific Information Requested:

**Report/Incident Information:**

Person named in report:       Date of Birth (if known):

Address of that person:

Date and time of the incident:

Location of incident:

Reason for requesting report:

**Requester Information:**

Name:       Date of Request:

Company (if applicable):

Address:

E-mail (optional):       Telephone #:

*C.R.S. Sec. 24-72-305.5 – Access to records – denial by custodian – use of records to obtain information for solicitation.*

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 acknowledge that such violation is a Class 3 Misdemeanor under Colorado Revised Statutes 24-72-309.

Requester’s Signature: Date:

**Estimate or Actual Costs:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** |  | **Quantity** |  | **Price** |  |
| First 10 pages of report | $5.00 |       |  |       | Estimate approved by requestor? [ ] Yes [ ] No |
| Additional pages of report | $0.25 each |       |  |       | Pre-payment required? [ ] Yes [ ] No |
| Accident Reports | $10.00  |       |  |       |  |
| Disk | $10.00 |       |  |       |  |
| Background check | $10.00 |       |  |       |  |
| Other |  |       |  |       |  |
|  | Total |  |  |       |  |

Records Use Only: Denied (Reason)

 Contrary to State Statute Prohibited by Rules or Order of Court

 Contrary to Public Interest Other:

Approved and processed by Date: