

ELBERT COUNTY SHERIFF'S OFFICE RECORDS SEARCH / INFORMATION REQUEST APPLICATION

**Address: 751 Ute Ave, PO Box 486, Kiowa CO 80117
Attn: Records Voice #: 303-805-6219 FAX #: 303-621-2055**

In accordance with Colorado Revised Statutes, 24-72-201 through 206, concerning Inspection, Copying, Photographing Public Records, and 24-72-301 through 309 concerning Criminal Records. The ECSO will provide, for the public, records in the custody of the Sheriff's Office that are legally allowed within the provision of the above referenced statutes. To request a record copy you MUST complete this form which is then retained in the file of the requested record. Upon submitting your request form a research fee of \$10.00 (resolution 09-16) must be paid to the ECSO. All requests are processed as soon as possible, but may take up to 3 working days if the requested is: in an inactive file, unusually long or needs to be reviewed by the ECSO Administration. You will be notified once we determine if the report is releasable and how much it will cost. There may be come instances that you will be referred to either the District Attorney and/Courts for information that we are not able to provide. Should your request be denied, you may request a written explanation. We only release reports created by Elbert County Sheriff's personal.

******PLEASE PRINT CLEARLY******

Person Requesting Search

Today's Date: _____ Time: _____ Phone Number: _____
MM/DD/YYYY

Name: _____ Date of Birth: _____
Last First MI MM/DD/YYYY

DL # / State: _____ ID Presented:
Y N

Address: _____
Street City State Zip

Law Enforcement/Criminal Justice Agency: _____ Agency ID #: _____

Reason for request: _____

Are you a party to the case? What if any is your relation to parties of this case? _____
Y N

Information Requested

Please Check Appropriate Boxes and Indicate Case Numbers Where Applicable

Criminal Case Report #: _____ DUI Report#: _____ Jail Record and/or Booking #: _____

Traffic Accident Report #: _____ Traffic Citation/MTC #: _____ Sex Offender List
 TA Form only Including Citations, Statements, etc., if any must be a county resident

Dispatch Tapes (CR or Event) #: _____ Criminal History Letter/Background Check
 911 Radio Phones (local level only) written documentation required

OTHER (Specify): _____

Incident Information

Name of Party Involved in report: _____ Sex: DOB: _____
Last First MI M F MM/DD/YYYY

Name of Party Involved in report: _____ Sex: DOB: _____
Last First MI M F MM/DD/YYYY

Date of Incident: _____ Time of Incident: _____
MM/DD/YYYY

Location of Incident: _____

I, _____ affirm that this copy of record shall not be used for the direct solicitation of business for pecuniary gain. (C.R.S. 24-72-305.5)

Signature of requesting party: _____ Date: _____