

**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 some 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: \_\_\_\_\_  
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: \_\_\_\_\_**