

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

**Address: 751 Ute Ave, PO Box 486, Kiowa CO 80117  
Attn: Records - Phone: 303-621-2027 - 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 nonrefundable 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 personnel.

Date of Request: \_\_\_\_\_

Information Requested	
<b><u>Please Check Appropriate Boxes and Indicate Case Numbers Where Applicable</u></b>	
<input type="checkbox"/> Criminal Case Report #: _____	<input type="checkbox"/> DUI Report#: _____
<input type="checkbox"/> Jail Record and/or Booking #: _____	
<input type="checkbox"/> Traffic Accident Report #: _____	<input type="checkbox"/> Traffic Citation/MTC #: _____
<input type="checkbox"/> TA Form only <input type="checkbox"/> Including Citations, Statements, etc., if any	<input type="checkbox"/> Sex Offender List (must be a county resident)
<input type="checkbox"/> Dispatch Tapes (CR or Event) #: _____	<input type="checkbox"/> Criminal History Letter/Background Check
<input type="checkbox"/> 911 <input type="checkbox"/> Radio <input type="checkbox"/> Phones	(local level only) written documentation required
<input type="checkbox"/> OTHER (Specify): _____	

When Request Complete (choose one):

Mail  Call to Pick Up  Fax (fax #: \_\_\_\_\_)  E-mail (e-mail: \_\_\_\_\_)

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

Person(s) named in report: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI MM/DD/YYYY

Incident #: \_\_\_\_\_ Incident Type: \_\_\_\_\_ Incident Date/Time: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Person(s) requesting report: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI MM/DD/YYYY

DL # / State: \_\_\_\_\_ ID Presented:  Yes  No

Address: \_\_\_\_\_  
Street City State Zip

Are you a party to the case?  Yes  No Requesting Party's affiliation to the case? \_\_\_\_\_

Are you a Law Enforcement/Criminal Justice Agency:  Yes  No Agency ID #: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_

**RECORDS USE ONLY**

Received By: _____	Processed By: _____	Released By: _____
Date: _____	Date: _____	Date: _____
Research Fee: \$10.00 Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived	Page Fee: _____ @\$ .25/page Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived	No. of pages released: _____
Comments: _____	Additional Fees Due: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up <input type="checkbox"/> E-mailed <input type="checkbox"/> Faxed