

RECORDS REQUEST FOR CRIMINAL JUSTICE RECORDS

CHAFFEE COUNTY SHERIFF

P.O. Box 699,
641 W 3rd Street
Salida, Colorado 81201
Phone 719-539-2814 Fax 719-539-1077

Report #: _____

Name of Requester: _____ Date _____

Address: _____
Street City State Zip

Phone Number: (____) _____ Email Address: _____

Please note: The release of all criminal justice records is regulated by Colorado law; therefore some law enforcement records may not be releasable.

Type of Incident: _____ Date of Incident: _____

Person(s) named in report: _____

Background checks only: Full Name: _____ DOB _____

- ☐ Report (\$5.00 per report up to 10 pages, then \$.25 per page thereafter)
- ☐ Background Check \$5.00 per check ☐ Booking Photo/Sheet \$1.00
- ☐ Photos CD/Thumb Drive \$20.00 ☐ Printed Photos \$5.00 per page ☐ Cad Call \$1.00
- ☐ Research/Preparation Fee: \$30.00 per hour (1hr min.)
- ☐ BWC Video/Audio: \$30.00 per hour (+) 20.00 per Thumb drive/emailed link.
Processing requires playback of each video insuring that the video(s) is/are redacted in accordance with Colorado State Statutes.
- ☐ Other: _____

FEES MUST BE PAID IN ADVANCE

If this request pertains to a current CRIMINAL CASE: Please submit your request through the Discovery Process with the District Attorney's Office.

Affirmation by Requestor

Per CRS Sec. 24-72-305.5 - Records of official actions and criminal justice...shall not be used by any person for the purpose of soliciting business for pecuniary gain. By signing below, 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.

Colorado HB-1047 states that persons seeking booking photos from an official custodian must sign a statement that affirms that photo will not be used for pecuniary gain AND by signing, the person affirms that the photo will not be placed in a publication or website that requires payment in order to remove it.

Dated this _____ day of _____, 20 _____

***Signature of Requester _____

SIGN HERE

☐ PRINTED ☐ EMAILED ☐ MAILED ☐ FAXED

OFFICIAL USE ONLY

Processed by _____ Amount Paid _____ Date _____