



San Miguel County Sheriff's Office

684 CR 63L

Telluride, Colorado 81435

970-728-1911 X3 (P) 970-728-9206 (F)

OPEN RECORDS REQUEST FORM

Rules governing the release of criminal justice records are subject to the Colorado Open Records Act laws CRS 24-72-301 Adult Criminal Justice Records and CRS 19-1-301 Children's Code Records and Information Act. For most reports, there is a fee that must be paid by cash or check prior to the report being released. There is a \$5 fee for requests fewer than 15 pages. Requests over 15 pages will be billed an additional .25 per page. Additional fees: \$30.00 per hour fee for research and labor may be applicable, \$20.00 per DVD or video, \$5.00 per photo CD reproduction, \$1 per photo. Hard copy photographs may be scanned for \$5 per page.

TODAY'S DATE _____ COMPANY NAME _____
 (IF APPLICABLE)

NAME OF REQUESTOR _____

ADDRESS _____

PHONE _____ HOME MOBILE WORK

REPORT NUMBER(S) _____ **if unknown, please complete the following:*

TYPE OF REPORT CRIME ARREST OTHER/UNKNOWN

LOCATION OF INCIDENT _____

DATE OF ARREST(S) or INCIDENT _____

NAME OF PERSON(S) INVOLVED _____ DOB _____

Local Background checks require a full name and date of birth. They are limited to contacts made by our agency. For a Colorado Criminal history, the Colorado Bureau of Investigation Web site is: www.cbirecordscheck.com

Colorado Law 24-72-305.5 provides that the records custodian shall deny any person access to criminal justice records unless a statement is signed 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 SOLICITATION OF BUSINESS FOR MONETARY (PECUNIARY) GAIN AND ACKNOWLEDGE THAT SUCH VIOLATION IS A CLASS 3 MISDEMEANOR UNDER C.R.S. 24-72-309.

Signature of Requestor (required)

PLEASE SELECT HOW YOU WOULD LIKE YOUR REPORT DELIVERED:

- I will pick up my report
- Email my report to _____
- Mail my report
- Fax my report to _____

ADMINISTRATIVE USE ONLY

CASEFILE(S) RELEASED _____

PROCESSED BY _____ PROCESS DATE _____ FEE TOTAL _____

IF DENIED, REASON FOR DENIAL:

- CONTRARY TO STATUTE _____
- CONTRARY TO COURT ORDER
- CONTRARY TO PUBLIC INTEREST