

LARIMER COUNTY SHERIFF'S OFFICE
Administration Division - Records Section
911 / DISPATCH CD

Date of Request: _____

LCSO Report No: _____

All requests for 911/Dispatch audio to be reproduced on a computer disk must be made through the Records Section of the Larimer County Sheriff's Office. A non-refundable fee of \$30.00 is required before request will be processed. This fee includes research, retrieval, copying, media processing, and supervisory review. Additional fees will be assessed if request requires expertise of computer systems personnel. Fees have been authorized by Colorado Revised Statute 24-72-306(1), and set by Larimer County Resolution 07012008R004.

PLEASE PRINT

Date & Time of Incident:	Location of Incident:
Nature of Incident:	
Request <input type="checkbox"/> 911 / Dispatch Computer Disk	
Special Instructions:	

Name of Requester:	Relationship to Case:	
Company/Agency Name:		
Address:	City/State/Zip	Phone:
Reason Requesting:		
When request is complete (choose one) <input type="checkbox"/> Mail <input type="checkbox"/> Call to Pick Up <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Email to: _____ Fax #: _____		

CRS 24-72-305.5 - Access to records - denial by custodian - use of records to obtain information for solicitation.

Records of official actions and criminal justice records and the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. The official custodian shall deny any person access to records of official actions and criminal justice records unless such person signs a statement 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 direct solicitation of business for pecuniary gain and acknowledge that such violation is a class 3 misdemeanor under CRS 24-72-309.

Requester's Signature: _____ Date Signed: _____

Signed requests may be faxed to: (970) 482-8745 or emailed to: sheriff-rpts@co.larimer.co.us

RECORDS USE ONLY

RECEIVED BY:	DATE:	RESEARCH FEE ___\$30.00___ Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived	
PROCESSED BY:	DATE:	LOGGED <input type="checkbox"/> Yes <input type="checkbox"/> No	ADDITIONAL FEES DUE: <input type="checkbox"/> Yes <input type="checkbox"/> No
RELEASED BY:	DATE:	# OF PAGES RELEASED	ADDITIONAL FEES PAID: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP <input type="checkbox"/> EMAILED <input type="checkbox"/> FAXED			