

LARIMER COUNTY SHERIFF'S OFFICE
Administration Division - Records Section
CASE/INCIDENT REPORT REQUEST

Date of Request: _____

LCSO Report No: _____

All requests for incident report information must be made through the Records Section of the Larimer County Sheriff's Office. A non-refundable fee of \$7.50 is required before research will begin on this request. This fee includes search, retrieval, review, and redaction. In addition, a copy fee of \$0.25 per page will be assessed for each page of the report. Payment must be in the form of good personal check, certified check, money order, or cash. Costs for reproduction of incident records have been authorized by Colorado Revised Statute 24-72-306 and set by Larimer County Resolution 07012008R004.

PLEASE PRINT

Person Named in Report:	Date of Birth:	Social Security No:
Address:	City/State/Zip	Phone:
Incident Date/Time:	Location:	
Nature of Incident:		

Name of Requester:	Relationship to Person Named:
Company / Agency Name:	
Requester Address:	City / State / Zip
Phone:	
Reason for Requesting Report:	
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 <u> \$7.50 </u> Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived	COPY FEE <u> </u> @\$0.25/page 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			