LARIMER COUNTY SHERIFF'S OFFICE
Administration Division - Records Section
INCARCERATION/ALTERNATIVE SENTENCING
INMATE FILE

Date of Request: _____

All requests for inmate file records 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. This fee includes search, retrieval, review, and redaction. In addition, a copy fee of $.25 per page will be assessed for each page of the file. Any additional amount owed must be paid before Sheriff's Office personnel will release the records. Fees have been authorized by Colorado Revised Statute 24-72-306(1) and set by Larimer County Resolution 07012008R004.

Inmate Name	Inmate DOB:
Incarceration dates requested:	

Records Use Only				
MNI #:	*Booking #:*	*Record Type*	*- ASU*	*- Booking*

I AUTHORIZE THE RELEASE OF MY INMATE FILE TO:

Name:		
Company/Agency:		
Address:	City/State	Zip:
Phone:		

I authorize the release of the above inmate records to the above named person/business. These records will consist of information relating to my incarceration at Larimer County Detention Facility, which may include, but is not limited to: medical screening, property records, inmate behavior reports, inmate request reports, and etc. Due to the nature of these records, inmate's signature must be notarized.

_____ _____
Signature (MUST BE NOTARIZED) **Date**

{ SEAL }

Subscribed and sworn to before me this _____ day of _____, _____

_____ _____
Notary Public/Larimer County/State of Colorado **My Commission Expires**

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 ___$7.50_____* Paid: ☐ *Yes* ☐ *No* ☐ *Waived*	*COPY FEE_____ @$.25/page* Paid: ☐ *Yes* ☐ *No* ☐ *Waived*
PROCESSED BY:	*DATE:*	*LOGGED* ☐ *Yes* ☐ *No*	*ADDITIONAL FEES DUE:* ☐ *Yes* ☐ *No*
RELEASED BY:	*DATE:*	*# OF PAGES RELEASED*	*ADDITIONAL FEES PAID:* ☐ *Yes* ☐ *No*
☐ *MAILED* ☐ *PICKED UP* ☐ EMAILED ☐ FAXED			

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