

WASHINGTON COUNTY SHERIFF'S OFFICE  
REQUEST FOR RECORDS

Depending on the nature of a request received by the Washington County Sheriff's Office ("WCSO"), responsive documents may be "public records" as defined pursuant to the Colorado Open Records Act (C.R.S. §§ 24-72-201, et seq.)("CORA"), "criminal justice records" pursuant to the Colorado Criminal Justice Records Act ("CCJRA") and/or any other applicable statutes and shall be subject to the provisions found therein. The WCSO will provide for public inspection, records in the custody of the WCSO in accordance with above referenced statutes. The WCSO is authorizing dissemination of criminal justice records ONLY to the below requestor in accordance with C.R.S 24- 72-304, secondary dissemination may violate this statute and will not be the responsibility of WCSO.

To request a copy of a record you MUST complete this form, which will be retained in the file of the requested record. All requests are processed as soon as possible, subject to the applicable statutory provisions of CORA and/or CCJRA.

The fee shall be as detailed below, unless actual costs exceed that amount, in which case actual costs may be changed. Actual costs include staff time. Any fees charged in this policy shall include the cost of redacting documents to excise privileged material. Fees may be waived or reduced with prior approval of the Sheriff.

PERSON REQUESTING RECORDS: \_\_\_\_\_

REPRESENTING (NAME OF FIRM/BUSINESS): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

REPORT #: \_\_\_\_\_ REPORT DATE: \_\_\_\_\_

PERSON(S) INVOLVED IN RECORD: \_\_\_\_\_ DATE(S) OF BIRTH \_\_\_\_\_

INVOLVEMENT TYPE: VICTIM WITNESS SUSPECT COMPLAINANT ARRESTEE INVOLVED

**CHECK INFORMATION REQUESTED**

**CASE REPORT:** \$5.00 FOR EACH SEARCHED CASE REPORT (INCLUDES RETRIEVAL, COPYING OF THE FIRST TEN PAGES OF THE REPORT). THERE IS A FEE OF \$.25 PER EACH ADDITIONAL PAGE.

**ACCIDENT REPORT :** \$ .25 PER PAGE

**CASE PHOTOGRAPHS (IF AVAILABLE):** \$2.50 EACH PHOTO OR \$15.00 PER CD.

**MUGSHOT:** \$5.00 PER MUGSHOT.

**Fees for documents requested under CORA may be imposed in accordance with the County's CORA Policy. Any research and retrieval fees may be charged for CORA or CCJRA requests in accordance with the hourly rate in the County's CORA policy.**

YOUR SIGNATURE ACKNOWLEDGES THAT YOU WILL PAY ALL SHERIFF'S FEES ASSOCIATED WITH THIS RECORDS REQUEST ( ALL PAYMENTS MUST BE RECEIVED IN ADVANCE OF RELEASING THE REQUESTED RECORDS) AND THAT PER STATUTE 24-72-305.5 A RESPONSIVE CRIMINAL JUSTICE RECORD(S) WILL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

\_\_\_ I have read and agree to the terms and the conditions stated above.  
(Check here if submitting electronically)

**HOW DO YOU WANT TO RECEIVE YOUR RECORDS?**

MAIL \_\_\_\_\_ PICK UP \_\_\_\_\_ EMAILED \_\_\_\_\_ (AUDIO AND VIDEO CAN NOT BE EMAILED)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS REQUEST MAY BE FAXED TO THE RECORDS SECTION. THE FAX NUMBER IS (970) 345-2419. OR THIS REQUEST MAY BE EMAILED TO THE RECORDS SECTION: [records@co.washington.co.us](mailto:records@co.washington.co.us)

**SECTION BELOW TO BE COMPLETED BY THE RECORDS SECTION ONLY**

REQUEST RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUEST COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

COST: \$ \_\_\_\_\_ PAID UNPAID MEDIA VICTIM