

Baca County Sheriff's Office Records Department Records Request

Date of Request: _____

A non-refundable fee, which will be determined at the time of the request, is required upon completion of request. This fee includes research, retrieval, review, and redaction, as well as copy fees. Additional fees may be assessed if extenuating circumstances regarding the record exist & a period not to exceed 10 days may be required to process request. **Cost for reproduction has been authorized by Colorado Revised Statute 24-72-306 and set by Baca County Sheriff 'S Office*

PLEASE PRINT

Record(s) Needed:
Date/Time/ Nature of Incident/Case Number:
Name and DOB of Person Involved:
Special Instructions:
Name of Requester:
Phone(s):
Company/Agency Name:
Address: <i>City/State/Zip</i>
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 requests may be faxed to: (719)523-4587 for questions please call (719)523-6677