

**EAGLE COUNTY SHERIFF'S OFFICE
REQUEST FOR RECORDS RELEASE
\$5.00 MINIMUM FEE PER REPORT**

Applicant Name: _____ Date of Request: _____ Case # _____

Mailing Address: _____ DOB: _____ Driver's License #: _____

City: _____ St: _____ Zip Code: _____ Applicant Phone # _____

Applicant Email Address: _____

INVOLVEMENT TO INCIDENT

Victim _____ Insurance _____ Other _____

Applicant's Reason for request: _____

**Send check or money order w/ the NOTARIZED copy of this form to Eagle County Sheriff's Office
attn: Records, P.O. Box 359, Eagle CO 81631 or fax to: (970) 328-1882. Questions call (970) 328-8500**

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 action 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 and that no booking photograph will be placed in a publication or posted to a web site that requires the payment of a fee or other exchange for pecuniary gain in order to remove or delete the booking photograph from the publication or web site. By signing below, the person making this request is so affirming to the above requirements.

24-72-305.5(2)(C) and 309. Violation - penalty. Any person who willfully and knowingly violates the provisions of this part 3 is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than one hundred or one thousand dollars, or by imprisonment in the county jail for not more than ninety days or both such fine and imprisonment.

By signing this form I acknowledge that I have read and understand the above Colorado Revised State Statutes and am affirming to the authorized use of the records requested.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

NOTARY (required) _____ **My commission expires:** _____

If this request is in regards to your arrest, please see the District Attorney's Office to obtain your copy.

For Office Use Only:

Approved: _____ Denied: _____

Supervisor Signature: _____ Date: _____

Comments: _____

Copy Furnished Date: _____ Signature: _____