



SUMMIT COUNTY SHERIFF'S OFFICE

Request for Criminal Justice Information

Section 1 GENERAL INFORMATION

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|---|---|
| DATE OF REQUEST: | CASE#, INCIDENT #, BOOKING # or TICKET# |
| DATE OF INCIDENT: (Please Indicate if Estimated) <input type="checkbox"/> | TIME OF INCIDENT: (Please Indicate if Estimated) <input type="checkbox"/> |
| LOCATION OF INCIDENT: (Please Indicate if Estimated) <input type="checkbox"/> | DEPUTY INVOLVED (If Known): |

Section 2 REQUESTOR'S INFORMATION

| | | | |
|-----------------|--------------|-------|-----|
| NAME | COMPANY NAME | | |
| ADDRESS | CITY | STATE | ZIP |
| PRIMARY PHONE # | CELL PHONE# | FAX # | |

Section 3 DELIVERY METHOD AND SHIPPING INFORMATION

PREFERRED METHOD OF DELIVERY &/OR NOTIFICATION OF CHARGE FOR YOUR REQUEST:
 FAX MAIL EMAIL PHONE PICKUP

| | | |
|-----------------|---------------|--------------|
| NAME | EMAIL ADDRESS | FAX # |
| MAILING ADDRESS | CITY | STATE ZIP |

Section 4 PECUNIARY GAIN AFFIRMATION

PURSUANT TO C.R.S. 24-72-305.5. I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND THE INFORMATION IN SUCH RECORDS FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN. I HEREBY AFFIRM AND/OR SWEAR THAT THE RECORDS I OBTAIN FROM THE SUMMIT COUNTY SHERIFF'S OFFICE AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

| | | |
|-----------|------|---|
| SIGNATURE | DATE | <input type="checkbox"/> By Checking this box, you agree that the typing of your name is the equivalent of your manual signature. |
|-----------|------|---|

Section 5 INVOLVED PARTIES

| | | | | | |
|------|----------|-----|------|----------|-----|
| NAME | Juvenile | DOB | NAME | Juvenile | DOB |
|------|----------|-----|------|----------|-----|

YOUR RELATIONSHIP TO ANYONE NAMED IN THE REPORT PARENT LEGAL GUARDIAN ATTORNEY OF RECORD
 Other (Please Indicate) _____
 For a juvenile in a report you are required to affirm relationship and submit proof (birth certificate, court documents) or fill out the Attestation For Juvenile form otherwise juvenile(s) name will be redacted as per statute.

| TYPE OF REQUEST | <input type="checkbox"/> Initial/Basic Police Report* (narrative only) <input type="checkbox"/> Full Police Report* (includes all paperwork and pictures) <small>See Fee Schedule for Charges</small> | <input type="checkbox"/> Photos Only* <small>See Fee Schedule for Charges</small> <input type="checkbox"/> Booking Photo* <small>See Fee Schedule for Charges</small> | <input type="checkbox"/> Body Worn Camera Video* <input type="checkbox"/> Motor Vehicle Camera Video* <small>See Fee Schedule for Charges</small> | <input type="checkbox"/> Jail Video* <small>See Fee Schedule for Charges</small> | <input type="checkbox"/> Background/Records Check* <small>See Fee Schedule for Charges</small> |
|-----------------|---|--|---|---|---|
|-----------------|---|--|---|---|---|

Please note we will not process any requests until a signed request form, a valid government ID is shown and the appropriate fee/deposit have been received
 ONCE YOUR REQUEST IS RECEIVED YOU WILL BE NOTIFIED OF THE CHARGES BY E-MAIL OR PHONE CALL.
CREDIT CARD (3.5%, \$3.50 CHARGE FEE MIN), CHECK OR CASH
 Summit County Sheriff's Office
 P.O. Box 210, 501 N. Park Ave
 Breckenridge, CO 80424
 Phone: 970-453-2232 Fax: 970-453-7329
 Email: Records@summitcountyco.gov

OFFICE USE ONLY

FORM COMPLETE: Y _____ N _____ TOTAL COST: _____
 SEARCH FEE: _____ + _____ PAGES @ \$.25 \$ _____
 CC CHARGE/OTHER: _____ DATE PAYMENT REC'D: _____
 CHECK CASH CREDIT CARD
 REQUEST DELIVERED: OFFICE _____ EMAIL _____ FAXED _____ MAILED _____
 REQUEST DENIED: Y _____ N _____ REASON: _____

 SIGNED: _____ DATE: _____