



La Plata County Sheriff's Office
Application for the Release of Criminal Justice Records

I, _____, request the release of:
(Please Print Legibly)

- Records of Official Action (Records or Background Check)
Other Criminal Justice Records (Deputy Reports Criminal or Traffic)
Booking Sheet/Mugshot
Other _____

Date of Request _____
Time of Request _____

The following information is needed to identify the correct record.

Incident Number: _____
Date of Incident: _____ Time of Incident: _____
Location of Incident: _____
Person(s) Involved: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____
Requestor's Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email Address: _____

Note: According to Colorado Revised Statute 24-72-305.5, records of official action, criminal justice records, or 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.

Requestor's Signature: _____ Date: _____

For Official Use Only
Total \$ Amount Charged _____
Received By: _____ Date/Time Received: _____
Referred to: _____ Number of pages released: _____
Date Completed: _____ Date requestor was notified: _____
Time spent: _____ Date closed: _____
I.D. Verified [] Yes [] No Inspection Granted [] Yes [] No
Reason for denial of inspection: _____

Signature of Records Technician: _____ Date: _____