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# Archuleta County Sheriff's Office

## Request to Inspect Criminal Justice Records

In accordance with Colorado revised statutes, 19-1-301 through 304, concerning children's code records and information act and 24- 72-201 through 206, concerning inspection, copying and photographing public records, and 24- 72-301 through 24- 72-309 concerning criminal justice records, the ACSO will provide, for public inspection, records in the custody of the sheriff's office which are legally allowed within the provision of the above referenced statutes. The sheriff's office is authorizing dissemination only to the below requestor in accordance with CRS 24- 72-305.S, secondary dissemination may violate this statute and will not be the responsibility of the sheriff's office. 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 reasonably possible and in accordance with the requirements of the Colorado Open Records Act for public records and the Colorado Criminal Justice Records Act for criminal justice records. In the event of extenuating circumstances, the request may be delayed. Your request may require approval through the district attorney's office. Should your request be denied, you may request a written explanation for any such denial. The fee shall be as detailed below.

Per CRS 24-72-306, a non-refundable research/retrieval fee of \$5.00 will be assessed for every request to inspect public records, whether or not the requested record is located. Actual costs will include staff time for research, retrieval and redaction at \$33.00 per hour. The \$5.00 initial fee will be applied to actual costs. (Redaction is the act of "blacking out" certain words or personal identifiers protected by law).

**Identity verification is required to begin the process of researching records. \*\*There are certain reports that cannot be emailed and must be obtained in person upon providing proper identification. \*\***

\*Person requesting records: \_\_\_\_\_ Date requested: \_\_\_\_\_

Representing (name of firm/business) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Home phone# \_\_\_\_\_ \*Cell phone# \_\_\_\_\_ \*Work phone# \_\_\_\_\_

\*Email address# \_\_\_\_\_ Fax# \_\_\_\_\_

Deputy: \_\_\_\_\_ Case Report# \_\_\_\_\_ Report date: \_\_\_\_\_

Person(s) involved in record \_\_\_\_\_

Requestor's involvement:  victim  witness  suspect  complainant  arrestee  Other

**Check the box for the information you are requesting:**

**Dispatch Records: \$30.00 per hour for research & retrieval (first hour free of charge)**

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**Phone and Radio recordings: \$30 each**

**Calls for Service report (aka call tags): \$0.25 per printed page or \$15 for each tag provided digitally**

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**Sheriff's Office Records: \$33.00 per hour for research & retrieval (first hour free of charge)**

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**Sheriff's Office Case report: \$5.00 for each searched case (includes first ten pages of the report).**  
There is a fee of \$0.25 per each additional page. Research and redaction fees may apply.

**Case photographs (if available): \$2.50 each photo or \$15.00 per DVD, USB, Sim card or other electronic medium**

**Body camera video / Jail video (if available): A \$33.00 per hour fee plus \$15.00 per DVD/USB.**

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**Other:** \_\_\_\_\_

**Your signature acknowledges 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 per statute 24-72-305.5, the searched records 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.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Identification verified by (in person only, see page 3 if submitted via mail, fax or online): \_\_\_\_\_

**This request may be faxed to the Records Department. Fax number: 970-731-4800**

**This request may be emailed to the Records Technician: [sorecords@archuletacounty.org](mailto:sorecords@archuletacounty.org)**

# Identity Verification:

## NAME AFFIDAVIT

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_

("Affiant") who being by me first duly sworn, affirmed as follows:

Affiant is one and the same person as: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINT NAME OF AFFIANT)

STATE OF \_\_\_\_\_

\_\_\_\_\_  
(Printed name of Notary)

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
who was personally known to me or who presented \_\_\_\_\_ as  
identification.

Commission No.  
Commission Expiration:

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_

**Approval or Denial of Inspection (Office Use Only)**

Received by: \_\_\_\_\_ by:  email  in person  mail  fax Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Your request has been: (please see reason below)

- Approved
- Approved by Investigations
- Denied by Investigations – Investigation pending (CRS 24-72-305 (5))
- Denied – Contrary to state statute (CRS 24-72-305 (1)(a))
- Denied – Prohibited by rules or order of court (CRS 24-72-305 (1)(b))
- Denied – Contrary to public interest (CRS 24-72-305 (5))
- Denied – Custody of record given to district attorney or \_\_\_\_\_ (CRS 24-72-305 (5))
- Other \_\_\_\_\_

Final Supervisor Approval \_\_\_\_\_

Furnished:  in person  mail  fax

Amount of fee paid: \$ \_\_\_\_\_

Amount Due \$ \_\_\_\_\_