



PUEBLO COUNTY SHERIFF'S OFFICE

CRIMINAL JUSTICE RECORDS REQUEST FORM

909 COURT ST, PUEBLO, CO 81003 / OFFICE (719) 583-4809/6442 / FAX (719) 583-4945

320 E. Joe Martinez Blvd, Pueblo West, CO 81007 / OFFICE (719) 583-4730/4734 / FAX (719) 583-4732

Report #: _____

Your Name: _____ **DOB:** ___/___/___
 (Please print)

Address: _____
 (Street) (City) (State) (Zip)

Phone #: (____) _____ - _____
 Agency or **Relationship to:** (Victim, Suspect, etc.)

Date of Incident: ___/___/___ **Incident Address:** _____

Involving - NAME: _____ **ADDRESS:** _____

Date of Birth: ___/___/___ **SS#:** ___/___/___

Purpose for requesting the report: _____

PLEASE CHECK BOX BELOW NEXT TO THE RECORD BEING REQUESTED:

<input type="checkbox"/> Report - \$5.00 for first ten pages; \$.25 per page thereafter	<input type="checkbox"/> Traffic Accident
<input type="checkbox"/> Background Check (Records of Official Action) \$10.00	<input type="checkbox"/> Body Worn Camera ***
<input type="checkbox"/> Booking Photo \$5.00	<input type="checkbox"/> Medical Records ***
<input type="checkbox"/> Other: ***	<input type="checkbox"/> In Custody Letters \$5.00 / \$30.00 per hour

NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE *** Search and Retrieval Fees: \$30.00 per hour

Please mail request to above address **Please call** when ready to pick-up

NOTE: Fill in as much as possible on this form to ensure you receive the correct requested information!

**** THIS FORM MUST BE SIGNED ****

Note: According to the Colorado Revised Statute 24-73-305.5, records of official action, criminal justice records, or the names, address, 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 Records 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 record shall not be used for the direct solicitation of business for pecuniary gain.

Date: _____

SIGN HERE

****Signature of Applicant:** _____

OFFICIAL USE ONLY ID Verified: YES [] NO [] **ID/Driver's License #:** _____

Search while applicant waited [] Delayed Search [] Granted: [] Denied: []

Applicant notified: [] In person [] By Phone [] By Mail **Amount Paid:** \$ _____

Date Released: _____ CJRT who released: _____