



OFFICE OF SHERIFF, FREMONT COUNTY

100 JUSTICE CENTER ROAD · Canon City, Colorado 81212
Phone (719) 276-5555 · FAX (719) 276-5593



RECORDS REQUEST FORM

Will be process within 3 to 5 business days.

Person Requesting Records: _____ DOB: _____

Representing (Name of firm/business): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number (s): (H) _____ (C) _____

TYPE OF RECORD: Records are released in accordance with current Colorado Revised Statutes.

PLEASE CHECK ONE OF THE FOLLOWING:

OFFENSE/INCIDENT CASE REPORT: \$5.00 for the first 10 pages; \$.25 for each additional page (officer's narrative + supplemental narratives (if applicable))

CASE #: _____ **AND/OR** DATE OF INCIDENT (APPROX): _____

TYPE OF INCIDENT: _____ LOCATION: _____

PERSON(S) INVOLVED: _____

OTHER/MISC: _____

[] Photographs (if applicable): \$3 per page or \$15 per CD [] Audio/Video Recording/CD (if applicable): \$30 per hr. (1hr. min)

BACKGROUND CHECK: \$10 per person/ FCSO agency contacts ONLY. (Last Name, First Name and DOB are required)

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

DATE OF BIRTH: _____ SSN (Optional): _____ ALIAS, MAIDEN NAME: _____

JAIL RECORDS:

BOOKING REPORT: \$3.00 (Specific to a date an individual was arrested; the most current report will be provided if no date listed.)

NAME: _____ DOB: _____
Last, First, Middle Name (Required)

DATE(S) OF ARREST OR INCARCERATION: _____

MUG SHOT/BOOKING PHOTO: \$3.00 (If the date is not provided you will receive the most current mugshot available.)

NAME: _____ DOB: _____
Last, First, Middle Name (Required)

DATE(S) OF ARREST OR INCARCERATION: _____

ARREST/RELEASE DATES: \$10.00 (A record of how many times an individual has been booked into Fremont County Jail.)

NAME: _____ DOB: _____
Last Name, First Name (required) Middle Name (if known) (Required)

DISPATCH RECORDS:

ADDRESS HISTORY/CALLS FOR SERVICE (per address): \$5.00 for the first 10 pages; \$.25 for each additional page.

ADDRESS: _____

TIMEFRAMES (DATES) REQUESTED: _____

CAD REPORT: \$5.00 for the first 10 pages; \$.25 for each additional page. (Specific to a date and time officers responded to a call.)

DATE(S) OF INCIDENT: _____ TIME OF CALL: (Approximate time required for 911 calls) _____

TYPE OF CALL: (I.e. Traffic, Domestic, Complaint) _____

LOCATION/ADDRESS WE RESPONDED TO: _____

NAME OF CALLER/ OR PERSON(S) INVOLVED: _____

DISPATCH RECORDING/CD: \$30.00 per hr. (1 hr. minimum) Mailing Costs: CD - \$3.00

DATE(S) OF INCIDENT: _____ TIME OF CALL: (Approximate time required for 911 calls) _____

TYPE OF CALL: (I.e. Traffic, Domestic, Complaint) _____

LOCATION/ADDRESS WE RESPONDED TO: _____

NAME OF CALLER/ OR PERSON(S) INVOLVED: _____

OTHER:

OTHER/SPECIFY: Depending on type of request fees will vary. (\$30 per hour or any part thereof for large or in depth requests.)

The Official custodian shall deny any person access to records of Official Actions 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 (Monetary Gain).

If the requested record is a booking photo, your signature additionally affirms that you will not put the photo on a website or in any other publication and then require the subject of the photo to pay a fee or other exchange for pecuniary gain to have the photo removed.

By signing below, I ACKNOWLEDGE AND UNDERSTAND the above statements and I am not requesting this information for the solicitation of business for pecuniary gain and acknowledge that such violation is a Class 3 Misdemeanor under C.R.S 24-72-305.5.

You must pay all fees associated with this request (all payments must be received in advance before records are released.)
Fees are subject to change without notice. Fees may vary depending on the size of the request being made.

Requester Signature: _____ **Date:** _____

IMPORTANT NOTICE: Requested records will be held for 60 days. Records will need to be reordered. No refunds and new fees will apply.

OFFICIAL USE ONLY

Fee Paid: \$ _____

Amount Owed: \$ _____

PAID

I.D. Verified: [] Yes [] No

Type of Report:

[] Offense [] Photos [] Background [] Booking or Mug shot [] Arrest/Release date [] Dispatch Cad/Call history [] Audio/Video-Recording

#Pages: _____ If over 10 pages additional copying fee: # _____

Applicant: [] Waited in lobby [] Contacted [] Left Message Date: _____

Processed by: _____