



RECORDS REQUEST

Please note we will contact you within 3 business days to verify receipt of the request.

If no response is received within 21 business days of our request for additional information and/or deposit is not paid within 21 business days of completion of estimate, the request will be cancelled and a new request will be required.

Your information

Name: _____ Company/Agency: _____
Address: _____
Email address: _____ Phone number: _____
Driver's license number/ID and State issued: _____

Request information

Case/accident/booking number: _____
Date/time of incident: _____
Location of Incident: _____
Involved party name and dob: _____
Involved party name and dob: _____

Record Requested

★ The fee for research and retrieval is \$41.37/hour for records requests. Selecting more records than you are interested in obtaining may result in longer processing times and higher costs. ★

Case & Accident Records	Jail Records	IA & Personnel Records
<input type="checkbox"/> Criminal Report <input type="checkbox"/> Incident Report <input type="checkbox"/> Accident Report <input type="checkbox"/> Citation/Ticket <input type="checkbox"/> Bodycam video <input type="checkbox"/> In Car Video <input type="checkbox"/> Photos <input type="checkbox"/> Dispatch Audio <input type="checkbox"/> Background Check <input type="checkbox"/> Other (please specify) Description of Request (be as specific as possible, including name, dates, etc.):	<input type="checkbox"/> Booking Card <input type="checkbox"/> Booking Photo <input type="checkbox"/> Booking Report <input type="checkbox"/> Jail Medical Records <input type="checkbox"/> Jail Video <input type="checkbox"/> Jail Incidents <input type="checkbox"/> Jail Kites/Grievances <input type="checkbox"/> Other (please specify) Description of Request (be as specific as possible, including name, dates, etc.):	<input type="checkbox"/> Personnel Records (please specify) <input type="checkbox"/> Internal Affairs Records (please specify) Description of Request (be as specific as possible, including name, dates, etc.):

I affirm this copy of record and/or booking photo shall not be used for the direct solicitation of business for pecuniary gain. (C.R.S. 24-72-305.5)

Signature of Requesting Party: _____ **Date of Request:** _____

Douglas County Sheriff's Office
4000 Justice Way
Castle Rock, CO 80109

303.660.7505
www.dcsheiff.net
dcso@dcsheiff.net

For Office Use Only:

What was released:

Time spent: _____ Fee charged: _____ Payment method: _____

Request Received by and date: _____

Requested Processed by and date: _____