



REQUEST FOR RECORDS



Request Date: _____ Time: _____

Name of Requesting Party: (Please Print) _____

Address: _____

City/State/Zip: _____ Phone: _____

Please make available to me the following records. I understand that once my request is received, the Gilpin County Sheriff's Office has 72 hours in which to respond to this request – such period may be extended if extenuating circumstances exist.

I understand that certain records may not be open for inspection and if my request is denied, I will be provided, in writing, the basis for such denial.

I further understand that once my request is processed, I am responsible for the costs involved in producing the requested record(s). There will be a \$5.00 (per record) search/retrieval charge and a \$.25 per page copy fee.

CRS 24-72-305.5 – Records of official actions and criminal justice records, 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.

I affirm that I have read all the above statements and understand these statements.

Signature of Requestor

Give a brief description of the records requested, including case #, name, date of birth (if known).

THIS SECTION TO BE COMPLETED BY SHERIFF'S OFFICE STAFF MEMBER

Request: _____ Approved _____ No Record Found _____ Denied _____ If request is denied, basis for denial: _____

Response Date: _____ Time: _____

Method of Delivery: Personal Fax Mail Email Date of Delivery _____

of Pages: _____ Amount Owed: _____ Amount Paid: _____

Sheriff's Office Staff Signature: _____

ATTESTATION FOR JUVENILE DELINQUENCY RECORDS

I, _____, hereby attest to being the parent, guardian, or legal custodian of the juvenile named below.

Signature Date

Juvenile's Name: _____

ATTESTATION FOR JUVENILE DEPENDENCY & NEGLECT RECORDS

I, _____, hereby attest to being the parent, guardian, legal custodian or other person responsible for the health or welfare* of the juvenile named below, or the assigned designee** of any such person of the juvenile named below.

Signature Date

Juveniles' Name: _____

** If you are requesting records as an "other person responsible for the health or welfare of the juvenile", please use the space below to describe your responsibilities and relationship to the juvenile.*

*** If you are requesting records as the "assigned designee" of any person entitled to juvenile records, please provide a validly executed power of attorney.*