



Records Request Form

Bring or Mail this request to:
Logan County Sheriff's Office
110 Riverview Rd Rm 116
Sterling, CO 80751
Phone: 970-522-2578 Fax: 970-522-7574
records@logancosheriff.com

- *Search/Retrieval Fee: \$10.00 { }Mail { }Pick Up { }Email { }Fax
- *A fee of \$30 per hour will be charged for staff time when the records requests requires more than one hour of researching or retrieving records
- *Cost per page: \$0.25
- *Allow (3) business days for records retrieval – Some exceptions may apply

Requestor's Name: _____
 Representing (Name of Firm/Business): _____
 Address/City/State: _____ Phone: _____
 Email Address (if you wish to have it emailed): _____

Search Information

Nature of Request: _____
 Report # (in known): _____ Incident Type: _____ Date/Time of Incident: _____
 Location of Incident: _____
 Person the Report Involves: _____
 Other Identifying Information: _____ **If Juveniles Involved- See Back of Form**

CRS Sec. 24-72-205(6)(a)-A research and retrieval fee will be assessed for every request to inspect public records whether or not the requested record is found.

CRS Sec. 24-72-305.5—Access to records-denial by custodian-use of records to obtain information for solicitation. Records of Official actions and criminal justice records and the 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. 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. Any person requesting a booking photograph is affirming that the photograph obtained from the custodian will not be placed in a publication or posted on a web site that requires a payment of a fee or other exchange for pecuniary gain in order to remove or delete the booking photograph from publication or web site. I affirm that I shall not use the requested for direct solicitation of business for pecuniary gain and acknowledge that such violation is a Class 3 Misdemeanor under Colorado Revised Statute 24-72-309.

Requestor's Signature: _____ **Date of Request:** _____

Office Use Only

Date Requested: _____ **Requestor's Photo ID:** _____
Search Fee Paid: \$ _____ **Received By:** _____ **Copied By:** _____
Number of Pages: _____ **Copy Fee Paid: \$** _____
Information released mailed/email/fax/picked up by: _____ **Date Released:** _____

ATTESTATION FOR JUVENILE DEPENDENCY & NEGLECT RECORDS FORM

We are required by law to have documentation that the requester of a report is a legal guardian of any juvenile involved in any incident or criminal justice report. Complete the following fields if you are the legal guardian of a juvenile in the report you are requesting.

I, (PRINT FULL NAME) _____, 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: _____

If you are requesting records as a PARENT/ LEGAL GUARDIAN: FOR EACH JUVENILE INVOLVED PRINT the FIRST & LAST NAME and DATE OF BIRTH and your relationship to each juvenile.

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP

*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.

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP

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