



Logan County Sheriff Record Request Form

**Contact Numbers:**

Office: 970-522-2578
Fax: 970-522-7574
Email: records@logancosheriff.com

★ FEES

Reports \$15.00 search fee + .25 per page **
** \$30 / hour will be charged for staff time when requests require more than one hour of search or retrieval
DVD - \$1.00 **Flash Drive - \$4.00 / 16GB**

FOR OFFICE USE ONLY

Mail: Logan County Sheriff - 110 N. Riverview Rd. # 116 - Sterling, CO 80751

INCIDENT DETAILS

Incident Date & Time: _____ **Incident /Report Number (if known):** _____

Incident Location: _____ **Type of Incident*:** _____

* Incident type: Assault - Child Abuse - Disturbance - DV - Fraud - ID Theft - Theft - etc.

SEARCH INFORMATION

Name to be searched: _____
Last First MI

Address: _____

Sex: MALE FEMALE **Date of Birth:** _____ **If Juveniles Involved - See Back of Form**

** BODY WORN CAMERA / VIDEO FEES

\$15.00 Search Fee (Does not include copies of the report)
\$30.00 / hour Copy & Redaction fee PER Deputy Camera Footage
**** Payment for estimated time & work is due in advance & non refundable. ****

Initial to accept fees:

REQUESTOR INFORMATION

Full Name: _____ **Phone:** (_____) _____ - _____

Mailing Address: _____ **Fax:** _____

Email Address: _____

Colorado Revised Statute 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. I affirm that I shall not use the requested information 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:** _____

Mail Fax Pick Up Email
 Mailed Reports - Requestor will be billed the cost of mailing supplies & Postage

Photo ID with a signature is required for verification.

★ **All search fees are required paid in full at the time of request. No refunds on search fees are allowed.**

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Date Request Received: _____ **Requestor's Photo ID #:** _____

Search Fee Paid: \$ _____ **Payment Taken By:** _____ **DVD / Flash Drive**

Copied by: _____ **# of Pages:** _____ **Copy Fee Paid:** \$ _____

Denied by: _____ **Reason Denied:** _____

Report faxed / released / mailed / emailed by: _____ **Date Released:** _____

**** Highlighted areas with BLUE italics text are to be completed by the Records Department Only**



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ATTESTATION FOR JUVENILE DEPENDENCY & NEGLECT RECORDS FORM

We are required by law to have documentation that the requestor 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.

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>DOB</u>	<u>RELATIONSHIP</u>
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

*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.

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>DOB</u>	<u>RELATIONSHIP</u>
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

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

Victim of Sexual Assault Disclosure Statement

I, (PRINT FULL NAME) _____, understand pursuant to Colorado Revised Statute 24-72-304, "The name and any other information that would identify any victim of sexual assault or attempted sexual assault or alleged attempted sexual assault shall be deleted from any criminal justice record prior to the release of such record to any individual or agency other than a criminal justice agency". As a victim in this report, I am requesting that all identifying information pertaining to me **NOT** be deleted from the report.

Signature

Date