

## San Miguel County Sheriff's Office

684 CR 63L Telluride, Colorado 81435 970-728-1911 X3 (P) 970-728-9206 (F)

## **OPEN RECORDS REQUEST FORM**

Rules governing the release of criminal justice records are subject to the Colorado Open Records Act laws CRS 24-72-301 Adult Criminal Justice Records and CRS 19-1-301 Children's Code Records and Information Act. For most reports, there is a fee that must be paid by cash or check prior to the report being released. There is a \$5 fee for requests fewer than 15 pages. Requests over 15 pages will be billed an additional .25 per page. Additional fees: \$30.00 per hour fee for research and labor may be applicable, \$20.00 per DVD or video, \$5.00 per photo CD reproduction, \$1 per photo. Hard copy photographs may be scanned for \$5 per page.

TODAY'S DATE	August 24, 2018	, 2018 COMPANY NAME		
NAME OF REQUESTOR	J Ader	(IF APP	PLICABLE)	
ADDRESS	DEPT MR 59919 411A Highland Aven Somerville, MA 0214			
PHONE <u>617-299-1832</u>				
REPORT NUMBER(S) *if unknown, please complete the following:				
ſ	TYPE OF REPORT			
LOCATION OF INCIDENT Please see the email dated August 24, 2018, as suggested by Jenn of your office				
DATE OF ARREST(S) or INCIDENT				
NAME OF PERSON(S) INVOLVEDDOB Local Background checks require a full name and date of birth. They are limited to contacts made by our agency. For a Colorado Criminal history, the Colorado Bureau of Investigation Web site is: www.cbirecordscheck.com				
Colorado Law 24-72-305.5 provides that the records custodian shall deny any person access to criminal justice records				
unless a statement is signed 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 SOLICITIATION OF BUSINESS FOR MONETARY				
(PECUNIARY) GAIN AND ACKNOWLEDGE THAT SUCH VIOLATION IS A CLASS 3 MISDEMEANOR UNDER C.R.S. 24-72-309.				
				for J Ader ture of Requestor (required)
PLEASE SELECT HOW YOU WOULD LIKE YOUR REPORT DELIVERED:				
I will pick up my repo	,		9-00512384@requests.mu	
Mail my report	Fax my r	eport to		
ADMINISTRATIVE USE ONLY				
CASEFILE(S) RELE	EASED			
PROCESSED BY _		PROCI	ESS DATE	FEE TOTAL
IF DENIED, REASON FOR DENIAL:				