



# Clear Creek County Sheriff's Office

405 Argentine Street ★ Post Office Box 2000

Georgetown, Colorado 80444

Main Office (303) 679-2376 – Fax (303) 679-2447

www.clearcreeksheriff.us

<b>Records Search Request</b>	
<p>Type of Report Requested:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Offense Report</li> <li><input type="checkbox"/> Photo CD</li> <li><input type="checkbox"/> Video / DVD Recordings</li> <li><input type="checkbox"/> 911 Recordings / Radio Traffic</li> <li><input type="checkbox"/> Address / Name Search</li> </ul> <p>Reason for Denial:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Release would interfere with agencies interest in pursuing uncompromised investigation.</li> <li><input type="checkbox"/> The privacy interest of impacted individuals.</li> <li><input type="checkbox"/> Release would be contrary to agencies interest in keeping information confidential.</li> <li><input type="checkbox"/> Release would cause unwarranted adverse consequences.</li> <li><input type="checkbox"/> No releasable information.</li> </ul>	<p style="font-size: 24px; color: #cccccc;">Place <b>DRIVERS LICENSE</b> Here</p>

<b>Name of Person Requesting Records (Please Print)</b>		
<b>Email Address (Please Print Clearly)</b>	<b>Phone Number</b>	<b>Date of Request</b>
<b>Agency Representing</b>	<b>Phone Number</b>	

**FEES: Per C.R.S. 24-72-205 Copy, printout, or photograph of a public record – imposition of research and retrieval fee will be assessed for every request to inspect public records. Your signature acknowledges that you will pay all Sheriff's Fees associated with this records request.**

**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 state which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

I, \_\_\_\_\_ hereby affirm that upon receipt of criminal justice records from the Clear Creek County Sheriff's Office, such records shall not be used for the direct solicitation of business for pecuniary gain, and that the information obtained in the reports requested and/or copies of said reports shall not be further disseminated by me except for as allowed by law. Any violation is a class 3 misdemeanor under C.R.S. 24-72-309.

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Signature of Requestor

<b>Juvenile Sex Assault – Parent Acknowledges UNREDACTED copy.</b>	Signature
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The following information is necessary to process your request. Please provide as much information as possible. Colorado Law and Department Procedures require you identify the information request with information specific enough to identify the exact record / person / report sought.

<b>Case Report Number</b>	<b>Date of Incident</b>	<b>Location of Incident</b>
<b>Subject Involved (Last Name, First Name, Middle Initial)</b>		<b>Date of Birth</b>
<b>Arrest ID Number</b>		
<b>Specific Information You Are Requesting</b>		
<b>Request Received:</b> <input type="checkbox"/> In Person <input type="checkbox"/> By Mail	<b>Fee:</b>	<b>Processed By:</b> _____ <b>Date Processed:</b> _____