



Sheriff Richard A. Reigenborn

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Records Request Form

Please provide the following information: Date of Request: _____

Case Number: _____ Date Range for CFS: _____ - _____

Person Named in Report: _____ DOB: _____

Address of Incident/CFS: _____

Relation to Report: Victim Witness Reporting Party Other (Explain) _____

Please select the records you are seeking to obtain:

Case Report Calls for Service (CFS) Background Check Sheriff's Records Only

Mugshot Case Photos Body Worn Camera Video

Video—Recordings from secured areas have a 30-day retention period from Incident Date

Requesters Information:

Name: _____ DOB: _____

Company/Representing (if applicable): _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

When Request is complete, how do you want to receive the documents? (Choose One)

Mail Call to pick up Email (address must be provided above) Fax (must be provided above)

PLEASE READ AND ACKNOWLEDGE BELOW

PURSUANT TO COLORADO REVISED STATUTE (CRS) 24-72-305.5, I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND INFORMATION FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN.

I ALSO UNDERSTAND ANY BOOKING PHOTOGRAPHS OBTAINED WITH THE REQUEST WILL NOT BE PLACED IN A PUBLICATION OR POSTED TO A WEBSITE THAT REQUIRES THE PAYMENT OF A FEE OR OTHER EXCHANGE FOR PECUNIARY GAIN IN ORDER TO REMOVE OR DELETE THE BOOKING PHOTOGRAPH FROM THE PUBLICATION OR WEBSITE.

I HEREBY SWEAR AND AFFIRM THAT THE RECORDS I OBTAIN FROM THE ADAMS COUNTY SHERIFF'S OFFICE AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

Signature: _____ Date: _____

Completed forms can be emailed to recordsrequest@adcogov.org

Payment is required upon completion. All records not picked up within 30 days will be destroyed.