

Sheriff Richard A. Reigenborn

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Records Request Form		
Please provide the follow	ving information: Date of I	Request:
Case Number: Da		nge for CFS:
Person Named in Reports		DOB:
Address of Incident/CFS	:	
Relation to Report:	Victim ☐ Witness ☐ Reporting	ng Party Other (Explain)
Please select the record	s 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	: 5	
Name:	The state of the s	DOB:
Company/Representing (if applicable):	
Address:	City	v/State:Zip:
Phone:	Fax: Em	ail:
When Request is compl	ete, how do you want to rece	ive the documents? (Choose One)
☐Mail ☐Call to pick u	p Email (address must be	provided above)
PROHIBITS ME FROM USINFORMATION FOR THE INFORMATION FOR THE INFORMATION OR IN A PUBLICATION OR INFORMATION OR WELL THE PUBLICATION OF THE PUBLICATION OF THE PUBLICATION OF THE PUBLICATION OR WELL TH	SING RECORDS OF OFFICIAL PURPOSE OF SOLICITING BUSING PHOTOGRAPHS OB POSTED TO A WEBSITE THAT ARY GAIN IN ORDER TO REMOVED BITE. AFFIRM THAT THE RECORDS	4-72-305.5. I UNDERSTAND THAT COLORADO LAW ACTIONS AND CRIMINAL JUSTICE RECORDS AND
Signature:		Date: