



SHERIFF

ADAMS COUNTY

SHERIFF GENE R. CLAPS

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: <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Reporting Party <input type="checkbox"/> 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.