

## **RECORDS REQUEST FORM**

		Date:				
	O AFFIRM THAT THE REC					A RESULT OF THIS OPEN
EBSITE THAT REC	ANY BOOKING PHOTO QUIRES THE PAYMENT OF APH FROM THE PUBLICA	A FEE OR OTHER EXC				
ORDS OF OFFICI JNIARY GAIN.	AL ACTIONS AND CRIMIN	AL JUSTICE RECORDS	S AND INFORMA	TION FOR THE F	URPOSE OF S	SOLICITING BUSINESS F
	RADO REVISED STATUTE					
	PLEA	SE READ AND	ACKNOWL	EDGE BELC	W	
Mail	Call to pick-up	Email (address r	nust be provide	ed above)	] Fax (must	be provided above)
When Request	is complete, how do y	ou want to receive	the documen	ts? (Choose Or	ie)	
Phone:		Fax:		Email:		
Address:			City/State:			Zip:
	Representing (if applica	ble):				1
Name:				DOB:		
Requesters Inf	ormation:					
	Recordings from secure	u areas nave a 30-úa	y retention per	iod from inclue	ni Dale	
Mugsh		Body Worn Camera Video				
Case Re		Background Check Sheriff's Records Only				
	he records you are see 	-				
Relation to Rep		itness 🗌 Reporting	n Party 🗌 Ot	her (Explain)		
Address of Incide	-				ОВ.	
Person Named in Report:			Date hange it	DOB:		
Case Number:			Date Range fo	or CES.		-

## Adams County is committed to digital accessibility. If you require the requested records in a specific accessible format, please let us know and we will work to accommodate your request. If a specific requested accommodation or modification cannot be provided, the County will work with you to provide an alternative accommodation or modification.