

## **Application for Release of Records**

Requestor Information						
Name of Requestor			Phone Number			
Adduces			A state of /Ducinese			
Address			Agency/Business			
City	State	ZIP	Email Address			
I need to obtain (Check all that apply)						
Weld County Sheriff's Office Records	A police report of an incident					
	A clearance letter on an individual					
	Copies of digital evidence from an incident					
	Dispatch call logs					
	911 recordings from an incident					
	A search of calls for service for a given address					
	Administrative records					
	Body-worn camera footage from an incident					
Weld County Jail Records	Records of incarceration					
	Medical records of an inmate					
Subject Information						
Name of Subject			Date of Birth	Relation to Requestor		
Location of Incident (If applicable)			Time and Date of Inci	Time and Date of Incident (If applicable)		
Case Number (If applicable) Other Remarks:		Other Remarks:				
Depending on your request, additional forms may be needed.						

Southwest Substation 4209 WCR 24 1/2 Longmont, Colorado 80504 (720) 652-4215 Fax (720) 652-4217 Headquarters 1950 O Street Greeley, Colorado 80631 (970)356-4015 Fax (970)304-6467 Toll Free (800)436-9276 www.weldsheriff.com Southeast Substation 2950 9<sup>th</sup> Street Fort Lupton, Colorado 80621 (303) 857-2465 Fax (303) 637-2422



## **USE OF THIS INFORMATION IS REGULATED BY LAW – DO NOT DISSEMINATE**

Note: According to the Colorado Revised Statute 24-72-305.5, records of official action, criminal justice records, or 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. A violation of this section subjects you to misdemeanor charges and upon conviction, a fine of \$100 or 90 days in jail or both.

I affirm that I will not use the records, or any portion of the records requested for the purpose of directly soliciting business for pecuniary gain.

Printed Name of Requestor	Signature of Requestor	Date

State of County of	
	20
Signed before me on by	, 20(name(s) of individual(s) making statement).
(Notary's official signature)	-
(Title of office)	
(Commission Expiration)	-

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