



Sheriff Mark L. Taylor

Undersheriff Quinn Archibeque

DeltaCountyCO.gov/Sheriff

Open Records Request Form

All requests for records must be made to the Records Division of the Delta County Sheriff's Office. **A NON-REFUNDABLE research fee of \$5.00 is due at the time of request before a search will begin.** The initial fee includes 30 minutes of research/redaction and up to 4 pages, with an additional fee of \$.25 per page accessed beyond that. Research/redaction beyond 30 minutes will be assessed \$20.00 per hour, minimum ¼ hour. Additional reports under the same request, including supplemental report, are \$2.50 per report. Dispatch/911 recordings, body cam videos and photos are \$25 per disc/thumb drive. A separate request form **must** be completed for multiple requests along with the required fees. **All fees must be paid prior to release of records.** Costs for reproduction of records have been authorized by Colorado Revised Statute § 24-72-306.

Requestor:

Please fill in the information requested below thoroughly and accurately. This will ensure the timeliest response to you. All requests will be mailed unless another method is requested.

Name: _____ Date of Birth: ____/____/____ Phone No: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Fax or other phone: _____

What record are you requesting? Check the appropriate box and continue completing the form:

☐ **Local criminal background check.** Record of official contact by Delta County Sheriff's Office Deputies only. Full arrest reports are through CBI.

☐ **Sheriff's Office Incident Report – Case # if known: S ____ - ____** For reports from other agencies, you have to contact that agency.

☐ **Other:** _____

Name of Party you are requesting records on:

Please fill in the information requested below as completely and legibly as possible. Incomplete information may be insufficient for a successful retrieval of the requested report or information.

Full Name (includes aliases/ maiden name): _____ DOB: ____/____/____ Age: _____

Social Security No: ____/____/____ Address: _____ City: _____

Date(s) of incident(s): _____ Nature of incident: _____

C.R.S 24-72-305.5 Access to Records – denied by custodian – use of records to obtain information for solicitation. RECORDS OF OFFICIAL ACTION AND CRIMINAL JUSTICE RECORDS AND THE NAMES, ADDRESSES, TELEPHONE NUMBERS AND OTHER INFORMATION IN SUCH RECORD SHALL NOT BE USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING BUSINESS FOR "PECUNIARY GAIN." THE OFFICIAL CUSTODIAN SHALL DENY ANY PERSON ACCESS TO RECORDS OR OFFICIAL ACTION AND CRIMINAL JUSTICE RECORDS UNLESS SUCH PERSON SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH RECORDS SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN. **By signing this request, I swear or affirm that I will not use the information I receive for pecuniary gain.**

Signature of Requestor: _____ Date: _____

OFFICE USE ONLY – DO NOT COMPLETE BELOW THIS LINE

DCSO Numbers: Incident/Case No: _____ Date Request Received: _____

Fee Paid: _____ Amount Due: _____ Request Furnished? YES ____ Pages: ____ NO ____

Comments/Reason and C.R.S. for denials: _____

Request Furnished via: US Mail: ____ Picked up at office: ____ Other: _____

Record Custodian Signature: _____ Date: _____

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970.874.2000 Main
970.874.2015 Dispatch
970.874.2021 Detentions
970.874.2027 Fax



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