



Washington County Commissioners
150 Ash Avenue
Akron, Colorado 80720
Ph: 970-345-2701 Fax: 970.514.7710

CORA Request Form

Please provide your information.

Requestor's Name _____

Email Address _____

Phone Number/ Cell Phone Number _____

Mailing address with City, County and Zip Code _____

List information requested.

List information requested.

Be aware personally identifiable information (PII) defined by C.R.S. 24-72-302 (2) and C.R.S. 24-72-204 (VII) contained in Department records will be redacted from CORA responses. In addition basic identification information defined by C.R.S. 24-72-302 (2) (2) as "the name, place and date of birth, last-known address, social security number, occupation and address of employment, physical description, photograph, handwritten signature, sex, fingerprints, and any known aliases of any person. C.R.S. 24-72-204 (VII) Electronic mail addresses provided by a person to an agency, institution, or political subdivision of the state for the purpose of future electronic communications to person from the agency, institution, or political subdivision" will not be included. Fees for documents requested under CORA may be imposed in accordance with the County's CPRA Policy. Any research and retrieval fees may be charged for CORA requests in accordance with the hourly rate in the County's CORA policy.

Information Requested

Method of Delivery: Mail___, Email___, or Pick Up___ (Audio and video cannot be emailed)

Your signature acknowledges that you will pay all fees associated with this records request (all payments must be received in advance of realizing the requested records) and that information requested will not be used for the direct solicitation of business for pecuniary gain.

___I have read and agree to the terms and the conditions stated above. (Check here is submitting electronically)

Signature: _____ Date: _____

SECTION BELOW TO BE COMPLETED BY THE ASSIGNED RECORDS PERSONNEL

Request Received By: _____ Date: _____ Time: _____

COMMENTS:

Request Completed By: _____ Date: _____ Time: _____

COST: \$ _____ PAID _____ CHK _____ DATE _____ UNPAID _____ MEDIA _____

ADDITIONAL TIME REQUESTED YES NO DATE _____

WASHINGTON COUNTY SHERIFF'S OFFICE
REQUEST FOR RECORDS

Depending on the nature of a request received by the Washington County Sheriff's Office ("WCSO"), responsive documents may be "public records" as defined pursuant to the Colorado Open Records Act (C.R.S. §§ 24-72-201, et seq.) ("CORA"), "criminal justice records" pursuant to the Colorado Criminal Justice Records Act ("CCJRA") and/or any other applicable statutes and shall be subject to the provisions found therein. The WCSO will provide for public inspection, records in the custody of the WCSO in accordance with above referenced statutes. The WCSO is authorizing dissemination of criminal justice records ONLY to the below requestor in accordance with C.R.S 24- 72- 304, secondary dissemination may violate this statute and will not be the responsibility of WCSO.

To request a copy of a record you MUST complete this form, which will be retained in the file of the requested record. All requests are processed as soon as possible, subject to the applicable statutory provisions of CORA and/or CCJRA.

The fee shall be as detailed below, unless actual costs exceed that amount, in which case actual costs may be changed. Actual costs include staff time. Any fees charged in this policy shall include the cost of redacting documents to excise privileged material. Fees may be waived or reduced with prior approval of the Sheriff.

PERSON REQUESTING RECORDS: _____

REPRESENTING (NAME OF FIRM/BUSINESS): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ WORK PHONE #: _____

EMAIL ADDRESS: _____ FAX #: _____

REPORT #: _____ REPORT DATE: _____

PERSON(S) INVOLVED IN RECORD: _____ DATE(S) OF BIRTH _____

INVOLVEMENT TYPE: VICTIM WITNESS SUSPECT COMPLAINANT ARRESTEE INVOLVED

CHECK INFORMATION REQUESTED

CASE REPORT: \$5.00 FOR EACH SEARCHED CASE REPORT (INCLUDES RETRIEVAL, COPYING OF THE FIRST TEN PAGES OF THE REPORT). THERE IS A FEE OF \$.25 PER EACH ADDITIONAL PAGE.

ACCIDENT REPORT : \$.25 PER PAGE

CASE PHOTOGRAPHS (IF AVAILABLE): \$2.50 EACH PHOTO OR \$15.00 PER CD.

MUGSHOT: \$5.00 PER MUGSHOT.

~~Fees for documents requested under CORA may be imposed in accordance with the County's CORA Policy. Any research and retrieval fees may be charged for CORA or CCJRA requests in accordance with the hourly rate in the County's CORA policy.~~

YOUR SIGNATURE ACKNOWLEDGES THAT YOU WILL PAY ALL SHERIFF'S FEES ASSOCIATED WITH THIS RECORDS REQUEST (ALL PAYMENTS MUST BE RECEIVED IN ADVANCE OF RELEASING THE REQUESTED RECORDS) AND THAT PER STATUTE 24-72-305.5 A RESPONSIVE CRIMINAL JUSTICE RECORD(S) WILL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.