



SHERIFF

KIT CARSON COUNTY

Travis Belden, Sheriff | Michael Jones, Undersheriff

Kit Carson County Sheriff's Office • 251 16th Street suite 103 Burlington, Colorado 80807 • Office: 719-346-8934 • Fax: 719-346-7282

RECORDS SEARCH / INFORMATION REQUEST APPLICATION

In accordance with Colorado Revised Statutes, 24-72-201 through 206, concerning Inspection, Copying, Photographing Public Records, and 24-72-301 through 309 concerning Criminal Records. The KCCSO will provide, for the public, records in the custody of the Sheriff's Office that are legally allowed within the provision of the above referenced statutes. To request a copy record you MUST complete this form which is then retained in the file of the requested record. All requests are processed as soon as possible, but may take up to 3 working days if the requested is: in an inactive file, unusually long or needs to be reviewed by the KCCSO Administration. There may be instances that you will be referred to either the District Attorney and/Courts for information that we are not able to provide. Should your request be denied, you may request a written explanation. We only release reports created by Kit Carson County Sheriff's personnel.

Applicable fees for search and copying are MUST be paid at the time of request. For fee information call during business hours

*****PLEASE PRINT CLEARLY*****

PERSON REQUESTING SEARCH:

Today's Date: _____ Time: _____ If Company Request- Business Name: _____
MM/DD/YYYY *If Company Request: Please fill out Name, Skip DOB & Driver's License & Fill out Rest of Form*

Name: _____ Date of Birth: _____
Last First MI MM/DD/YYYY

Driver's License #: _____ ID Presented: ☐ Y ☐ N
STATE NUMBER

Physical Address: _____
STREET CITY STATE ZIP

Mailing Address: _____
BOX CITY STATE ZIP

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are you a party to the case? ☐ Y ☐ N What if any is your relation to parties of this case? _____

How would you like to receive the requested information (Please Circle & Provide Information):
Mail: _____ Email: _____ Fax: _____

INFORMATION REQUESTED:

PLEASE CHECK APPROPRIATE BOXES AND INDICATE CASE NUMBERS WHERE APPLICABLE

**** Initial Search Fee for Multiple Items or Unknown Dates \$5.00**

- ☐ CRIMINAL/CIVIL/TRAFFIC CASE REPORT #: _____ **FEE: \$5.00** for the first ten pages + \$0.25/additional page
- ☐ CASE PHOTOGRAPHS (If Available): \$1.00/Photo or \$15.00/USB Drive
- ☐ JAIL RECORD AND/OR BOOKING PHOTO NAME: _____ **FEE: \$5.00**
- ☐ SEX OFFENDER LIST (**NO FEE**)
- ☐ OTHER (Please Specify): _____

****ALL CRIMINAL HISTORIES will need to go through: www.cbirecordscheck.com**

****ALL DISPATCH RECORDS will need to be requested though The Kit Carson County Communications Center**

INCIDENT INFORMATION:

Name of Party Involved in Report: _____ Sex: ☐ M ☐ F DOB: _____
Last First MI MM/DD/YYYY

Name of Party Involved in Report: _____ Sex: ☐ M ☐ F DOB: _____
Last First MI MM/DD/YYYY

Incident Date/Time: _____ Type of Incident: _____
MM/DD/YYYY

Location of Incident: _____

I _____ (Print Your Name) affirm that this copy of record shall not be used for direct solicitation of business for pecuniary gain. (C.R.S. 24-72-305.5)

Signature of requesting party: _____ Date: _____
MM/DD/YYYY

RESULTS OF SEARCH:**TO BE COMPLETED BY RECORDS PERSONNEL****IMMEDIATE RESPONSE:**

- ☐ No Record Found
- ☐ Faxed Request Form, Fax # _____
- ☐ Record Furnished, list what was provided to include number of pages: _____
- ☐ Record Not Releasable, list reason why, and if referred, to who: _____

DELAYED SEARCH:**REASON FOR DELAY:** _____

- ☐ To Be Notified by: _____
(Clerk's Name)
- ☐ No Record Found
- ☐ Record Furnished, list what was provided to include number of pages: _____
- ☐ Record Not Releasable, list reason why, and if referred, to who: _____

SEARCH COMPLETED BY: _____ **Initial:** _____ **Date:** _____

RECORD REDACTED BY: _____ **Initial:** _____ **Date:** _____

Fee for requested record(s): \$ _____

If over 10 pages, additional copying fee: (+) \$ _____

Subtotal: \$ _____

Amount received with request: (-) \$ _____

Amount owing, if any (to be collected at time of release) \$ _____

No fee charged (specify): _____

SHERIFF'S APPROVAL: _____ **Date:** _____
(Signature)

RECORD RELEASED BY: _____ **Initial:** _____ **Date:** _____