

Morgan County Sheriff's Office

801 E Beaver Avenue

Fort Morgan, CO 80701

Phone (970) 542-3445

Fax (970) 542-3453

REQUEST FOR RECORDS RELEASE/INSPECTION OF CRIMINAL JUSTICE RECORDS

PLEASE FILL OUT THE APPROPRIATE SECTION(S) AS COMPLETELY AS POSSIBLE TO ASSURE THAT YOU RECEIVE THE PROPER REPORT(S)

Name

Primary Phone #

Alternative Phone #

Your Address, City, State, Zip Code

Email Address

Are you related to the subject of the report you are requesting? _____

Morgan County Sheriff's Office Charges \$0.25 per page for non-certified copies. For Archived Records there is a \$33.58 per hour search fee. The records clerk will notify you of the total cost before the records are released. Payment is due at the time of pickup or before the records will be mailed/faxed/emailed. We accept cash, check, money order and debit/credit card. Please make checks payable to Morgan County Sheriff's Office. After you are notified of your records being ready, you have thirty (30) days to pick up your records. If the record is not picked up within the 30 days, it will be discarded. **Please allow three (3) business days for a search of Records.**

Photos, Audio or Body Cam - \$5/per disc

Certified Copies - \$1.25/per page

Booking Photo - \$1.00

Name of the subject of the Report

Date of Birth

Location of the Incident

Call for Service/Case Number

Date/Time of Incident

Name of Deputy who took the Report

Describe the Incident: _____

I affirm that I will not use any information in the requested record(s) to harass, annoy, or intimidate, any person named in the record(s) or violate any court orders or laws regarding this or any related matter. I understand I can and will be subject to the appropriate legal action being taken against me if I use any information from the requested record(s) to violate any provisions of local, state, or federal law. Records of official actions and criminal justice records and the names, addresses, telephone numbers, and other information in such shall not be used by any person for the purpose of pecuniary gain. **I affirm that such records will not be used for the direct solicitation of business for pecuniary gain.**

Signature of Requesting Party

Date of Request

OFFICIAL USE ONLY

I.D. Verified: Yes No

Approved

Denied

Amount Paid: \$ _____

Information Released: _____

Reason for denial: _____

Records Picked-Up: _____

Records Mailed: _____

Records Faxed: _____

Records E-mailed: _____

Records Clerk Signature

Date