



Sheriff Tom Nestor

Undersheriff Gordon D. Nall

SHERIFF LINCOLN COUNTY, COLORADO

103 3rd Avenue / P.O. Box 10, Hugo, CO. 80821
Phone: (719) 743-2426 Fax: (719) 743-2392

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 LCSO 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 LCSO Administration. There may be come 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 Lincoln 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: MM/DD/YYYY Time: _____

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

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

Physical Address: STREET CITY STATE ZIP

Mailing Address: BOX CITY STATE ZIP

Home Phone: Work Phone: Cell Phone:

Reason for Request: _____

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

INFORMATION REQUESTED:

PLEASE CHECK APPROPRIATE BOXES AND INDICATE CASE NUMBERS WHERE APPLICABLE

- CRIMINAL CASE REPORT #: DUI REPORT #:
TRAFFIC CITATION/MTC #: SEX OFFENDER LIST
JAIL RECORD AND/OR BOOKING #:
CRIM HISTORY LETTER/BACKGROUND CK OTHER: Criminal Only Criminal & Traffic
DISPATCH TAPES (CR or Event ID#): 911 Radio Phones
OTHER (please specify):

INCIDENT INFORMATION:

Law Enforcement / Criminal Justice Agency: Agency ID #:

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

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

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

Location of Incident: _____

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

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



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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 and OSN)
- 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: _____ OSN: _____ Initial: _____ Date: _____

Record redacted by: _____ OSN: _____ 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): _____

Record released by: _____ OSN: _____ Initial: _____ Date: _____