SHERIFF
ADAMS COUNTY
SHERIFF GENE R. CLAPS

RECORDS REQUEST FORM

Please provide the following information:	Date of Request:	
Case Number:	Date Range for CFS:	-
Person Named in Report:		DOB:
Address of Incident/CFS:		
Relation to Report: ☐ Victim ☐ Witness ☐ Reporting Party ☐ Other (Explain)		

Please select the records you are seeking to obtain:

☐ Case Report ☐ Calls for Service (CFS) ☐ Background Check Sheriff's Records Only

☐ Mugshot ☐ Case Photos ☐ Body Worn Camera Video

☐ Video-Recordings from secured areas have a 30-day retention period from Incident Date

Requesters Information:

Name:		DOB:
Company/Representing (if applicable):		
Address:	City/State:	Zip:
Phone:	Fax:	Email:

When Request is complete, how do you want to receive the documents? (Choose One)

☐ Mail ☐ Call to pick-up ☐ Email (address must be provided above) ■ Fax (must be provided above)

PLEASE READ AND ACKNOWLEDGE BELOW

PURSUANT TO COLORADO REVISED STATUTE (CRS) 24-72-305.5. I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND INFORMATION FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN.

I ALSO UNDERSTAND ANY BOOKING PHOTOGRAPHS OBTAINED WITH THE REQUEST WILL NOT BE PLACED IN A PUBLICATION OR POSTED TO A WEBSITE THAT REQUIRES THE PAYMENT OF A FEE OR OTHER EXCHANGE FOR PECUNIARY GAIN IN ORDER TO REMOVE OR DELETE THE BOOKING PHOTOGRAPH FROM THE PUBLICATION OR WEBSITE.

I HEREBY SWEAR AND AFFIRM THAT THE RECORDS I OBTAIN FROM THE ADAMS COUNTY SHERIFF'S OFFICE AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

Signature: _____ **Date:** _____

Completed forms can be emailed to recordsrequest@adamssheriffco.gov.
Payment is required upon completion. All records not picked up within 30 days will be destroyed.

Adams County is committed to digital accessibility. If you require the requested records in a specific accessible format, please let us know and we will work to accommodate your request. If a specific requested accommodation or modification cannot be provided, the County will work with you to provide an alternative accommodation or modification.