



Clear Creek County Sheriff's Office

405 Argentine Street ★ Post Office Box 2000

Georgetown, Colorado 80444

Main Office (303) 679-2376 – Fax (303) 679-2447

www.clearcreeksheriff.us

Email completed requests to RecordsRequests@clearcreeksheriff.us

Records Search Request	Place DRIVERS LICENSE Here
Type of Report Requested: <input type="checkbox"/> Offense Report <input type="checkbox"/> Video Recordings <input type="checkbox"/> Photos <input type="checkbox"/> Address / Name Search <input type="checkbox"/> 911 Recordings / Radio Traffic <input type="checkbox"/> Body-Worn Camera Request (Complete Back)	

Specific Information You Are Requesting:

Name of Person Requesting Records (Please Print):

Email Address (Please Print Clearly):	Phone Number:	Date of Request
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Agency Representing:	Phone Number
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The following information is necessary to process your request. Please provide as much information as possible. Colorado Law and Department Procedures require you identify the information request with information specific enough to identify the exact record / person / report sought.

<u>Case Report Number</u>	<u>Date of Incident</u>	<u>Location of Incident</u>
Subject Involved (Last Name, First Name, Middle Initial)		Date of Birth
		Arrest ID Number

FEES: Per C.R.S. 24-72-205 Copy, printout, or photograph of a public record – imposition of research and retrieval fee will be assessed for every request to inspect public records. Your signature acknowledges that you will pay all Sheriff's Fees associated with this records request.

24-72-305.5 Access to Records / Denial by custodian / Use of records to obtain information for solicitation. Records of Official Actions and Criminal Justice Records and the names, addresses, telephone numbers and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. The Official custodian shall deny any person access to records of Official Actions and Criminal Justice Records unless such person signs a state which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

I, _____ hereby affirm that upon receipt of criminal justice records from the Clear Creek County Sheriff's Office, such records shall not be used for the direct solicitation of business for pecuniary gain, and that the information obtained in the reports requested and/or copies of said reports shall not be further disseminated by me except for as allowed by law. Any violation is a class 3 misdemeanor under C.R.S. 24-72-309.

Abandoned Requests: If the Sheriff's Office attempts to contact a requestor to clarify a request or discuss the scope of a request and the requestor does not respond within ten business days, the Sheriff's Office will close the request and require the requestor to submit a new records request.

The Sheriff's Office will hold records assembled in response to a CORA or CCJRA request for no more than ten business days after the requestor has been notified that the records are available. The holding period may be shorter for records which are needed for any use. Failure to pay, inspect, or download the records within this timeframe will be considered an abandoned request, and the request will be automatically closed.

Your signature acknowledges that you will pay all Sheriff's fees associated with this record request. We require a deposit of the estimated cost before processing request for information or research.

All payments must be received in advance of releasing the requested records.

I have read and agree to the terms and the conditions stated above.

Signature of Requestor: _____ Date: _____ / _____ / _____

Juvenile Sex Assault – Parent Acknowledges UNREDACTED copy.	Signature: _____
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Body-Worn Camera (BWC) Video Request

Name of Person Requesting BWC Video (Please Print):		Phone Number: _____ Cell _____ Home	
Email Address (Please Print Clearly):		Business Name:	
Requestor's Involvement in Case: <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Complainant <input type="checkbox"/> Arrestee <input type="checkbox"/> Suspect <input type="checkbox"/> Other - Please Explain: ↪ _____	Case Report Number:	Name(s) of Person(s) Involved:	Date(s) of Birth:

Processing requires full playback of each video by the processing technician before and after redaction, to verify the involvement of each party in the video, ensuring that the video(s) is/are redacted in accordance with Colorado State Statutes. Please keep this in mind, as far as costs, when requesting video(s) from multiple Deputies that responded to the same incident, or a large time frame of video.

Administrative Fees → CORA

- Report Research/Retrieval Fee-----\$30.00 per Hour after 1st Hour,
*Per CRS 24-72-205(6)(a), a Research/Retrieval FEE will be assessed for EVERY REQUEST to INSPECT PUBLIC RECORDS whether or not the requested record is located / and /or releasable.

Evidentiary – CJIS Fees

- Criminal Justice Records Search Fee-----\$30.00 per Hour per Each Request
- Dispatch Recordings-----\$30.00 per Recording
- Audio Recordings-----\$30.00 per Recording
- Photos-----\$30.00 per Request
- Body-Worn Camera (BWC) Video Request-----\$30.00 per Video
- BWC Research and Redaction Processing Fee---\$30.00 per Hour per Each Request.

Below Section to be Completed by Sheriff's Personnel Only:

Request Received: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Email	Fee:	Processed By:	Date Processed:
Reason for Denial: <input type="checkbox"/> Release would interfere with agencies interest in pursuing uncompromised investigation. <input type="checkbox"/> The privacy interest of impacted individuals. <input type="checkbox"/> Release would be contrary to agencies interest in keeping information confidential. <input type="checkbox"/> Release would cause unwarranted adverse consequences. <input type="checkbox"/> No releasable information. <input type="checkbox"/> Abandoned.			