

Application for Release of Records

PHONE: 719-520-7177 fax: 719-520-7171
SHRRecordsRelease@elpasoco.com

Requestor Information			
Name of Requestor		Phone Number	
Address		Agency/Business	
City	State	ZIP	Email Address
I need to obtain... (Check all that apply)			
<input type="checkbox"/>	A police report of an incident Case # _____ Date of Occurrence: _____ Address of Occurrence: _____		
<input type="checkbox"/>	Calls for service – Date / Address / Involved Parties: _____ _____		
<input type="checkbox"/>	911 recordings from an incident – Date / Address: _____ _____		
<input type="checkbox"/>	Copy of a traffic ticket: _____		
<input type="checkbox"/>	Premise History (a search of calls for a given address) Address: _____ Date Range: _____		
<input type="checkbox"/>	Body worn camera footage from an incident, please complete the request form available here - https://public.powerdms.com/EIPasoCSO/documents/3272010		
<input type="checkbox"/>	Jail booking report / Jail photo - Inmate Name / DOB: _____ Date of incarceration: _____		
<input type="checkbox"/>	Jail Records - Name of Inmate / DOB: _____		
<input type="checkbox"/>	Medical records of an inmate - Name of Inmate / DOB: _____		
<input type="checkbox"/>	Jail phone calls / Jail video - Name of Inmate/Dates of Incarceration: _____ _____		
<input type="checkbox"/>	Other (please specify): _____ _____		

GENERAL INFORMATION

The El Paso County Sheriff's Office (EPSO) releases all records in accordance with the Colorado Criminal Justice Records Act (CCJRA) and the Colorado Open Records Act (CORA) when applicable. As a result, not all information is releasable on all reports. The record you receive may have portions redacted, muted and/or blurred.

In Colorado, it is a misdemeanor to use criminal justice records for the direct solicitation of business for pecuniary gain. Your signature affirms that you will pay all fees associated with this request and that, per Colorado State Statute 24-72-305.5, you will not use the records released to you for the direct solicitation of business for pecuniary gain. If the requested record is a booking photo, your signature additionally affirms that you will not put the photo on a website or in any other publication and then require the subject of the photo to pay a fee or other exchange for pecuniary gain to have the photo removed.

For a list of registered sex offenders in EPSO's jurisdiction, please call (719)520-7333 or visit: <https://www.epcsheriffsoffice.com/services/sex-offenders-search>

IMPORTANT: Any copies of requested records will be held for 90 days. If not picked up within 90 days, the copies will be destroyed and will need to be re-ordered. No refunds will be made and new fees will apply to all re-ordered records.

COSTS

The base cost is \$8.00 per requested record. This is charged in 15 minute increments, up to a maximum of \$32.00 per hour. If a request is going to exceed the base amount of \$8.00, and contact information was provided, a member of the Records Unit will contact you prior to proceeding with the release. In the event contact information was not provided, the request and enclosed funds will be returned to the requestor. Any amount provided in excess of the funds required to process the request will be refunded to the requestor (NOTE: Cost for some records often exceed the base cost of \$8.00).

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$

Signature: _____ Date: _____

Method of Report Delivery:

Printed copy to be picked up Mail to address provided Email to address provided

Requests will not be processed without payment. We accept cash, business checks, cashier's checks (NO personal checks), money orders, and debit or credit cards. Checks should be made payable to the **El Paso County Sheriff's Office**.

Debit and credit cards are subject to a \$2.00 or 2.39% administrative fee, whichever is greater. This fee is collected by the credit card processing company and is not paid to the El Paso County Sheriff's Office.

If paying by debit or credit card online, please provide the confirmation number from your transaction: _____

For Office Use Only:

CORA CCJRA

Fee for Requested Records \$ _____

Released by: _____ Date: _____

Received by: _____ Date: _____