



**DATA RECORD REQUEST**

Form must be filled out as complete as possible. Note that data is kept for 30 days only. Please fill out this form with as much detail as possible, if you have questions call 970-728-4442 or send and email. Email form to [records@sanmiguelsheriff.org](mailto:records@sanmiguelsheriff.org). Data files will be emailed whenever possible. The cost for processing is \$20.00 and is required before data will be sent.

**NAME OF REQUESTOR** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
 HOME  MOBILE  WORK

**CASE NUMBER** \_\_\_\_\_ **NATURE OF INCIDENT** \_\_\_\_\_

**VIDEO**

**SUBJECT NAME** \_\_\_\_\_ **DATE OF INCIDENT** \_\_\_\_\_ **TIME** \_\_\_\_\_

Check all that apply:  Booking  Patrol Car  Interview  Other \_\_\_\_\_

**AUDIO**

**RADIO** Channel/Frequency \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**PHONE** # Dialed \_\_\_\_\_ # Received On \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_ Name of Person Called/Calling \_\_\_\_\_

**911** Date of Call: \_\_\_\_\_ Time of Call: \_\_\_\_\_

In accordance with Colorado Revised Statute 24-72-305.5, the undersigned applicant affirms that the information provided by the San Miguel Sheriff's Office will not be used by any person for the purpose of soliciting business for pecuniary gain. The custodian shall deny any person access to records unless such person signs this statement.

\_\_\_\_\_  
Signature of Requestor (print name) Date

**FOR OFFICE USE ONLY**

CCS Staff Processing Request \_\_\_\_\_ Date Saved to Folder \_\_\_\_\_ FI # \_\_\_\_\_

Admin Date Data Emailed or Link Sent \_\_\_\_\_ Admin Initials \_\_\_\_\_