

Rio Grande County Sheriff's Office
REQUEST FOR COPY OF A REPORT
(submit a separate request for each report requested.)

INSTRUCTIONS

1. Information must be typed or printed. Incomplete information MAY result in the return of your application.
2. Enclose a **stamped, self-addressed envelope and/or your E-Mail Address.**
3. Drop off or mail to: Rio Grande Sheriff's Office
Attn: Record Request
640 Cherry St.
Del Norte, CO 81132
(Any questions, please call 719-657-4000, ask for Admin)

TYPE OF RECORDS REQUESTED

- Incident or Crime Report Internal Investigation File Motor Vehicle Accident Report

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

Check item below that best describes your interest in this case.

- Driver of vehicle or person involved in accident/incident.
- Parent or Guardian of person injured in motor vehicle accident
- Attorney for (name) _____
- Other (please Specify) _____

If you have a criminal case in the courts, you will need to ask your attorney for a copy of your report.

I CERTIFY THAT MY INTEREST IN THIS INCIDENT S AS INDICATED ABOVE:

_____	_____
Signature	Telephone Number

Printed Name	Address

DATE AND TIME OF INCIDENT: _____

REPORT #: _____

LOCATION OF INCIDENT: _____

VICTIM/DRIVERS NAME: _____

PERSONNEL'S NAME: _____

DEPUTY'S NAME: _____

Note: While an incident may have occurred and a report written, these reports go through a recording process before they are available for distribution. Please understand that they are being processed in an expeditious manner and will be made available to you as quickly as possible. **A fee of \$0.25 per page may be charged.** Thank You

NAME AND ADDRESS TO WHOM REPORT IS TO BE MAILED (PRINT OR TYPED). Please include E-Mail Address

