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.**
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 ( ) 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'S OR DRIVER 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)

_____
_____
_____