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)

______________________________  __________________________
                                         __________________________

04/27/2020