



Montrose County Sheriff's Office

RECORDS CHECK REQUEST
This Form is for Jail and Report Checks

Date of Request

Time of Request

☐ **Background** ☐ **Mug Shot** ☐ **Report / Date of Report:** _____

Person of Record / Any Alias Names: *(them)*

Name: _____ Sex: ☐ M ☐ F

Address: _____ DOB: _____

City/State/Zip _____ Phone: _____

Requestor: *(you)*

Are you with a Criminal Justice Agency? ☐ Yes ☐ No

Name: _____ Sex: ☐ M ☐ F

Address: _____ DOB: _____

City/State/Zip _____ Phone: _____

By signing this form I affirm that I will not use the documents released to me for any solicitation or pecuniary gain, and I understand that in doing so I am subject to fines and penalties under Colorado Revised Statue 24-72-305.5.

Signature: _____ Date: _____

~~~~~ **DO NOT WRITE BELOW** ~~~~~

☐ Report Released   ☐ Request Denied / Reason: \_\_\_\_\_

Records Technician: \_\_\_\_\_

☐ Fee Collected: \$ \_\_\_\_\_   ☐ Fee Waived / Reason: \_\_\_\_\_