



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 Statute 24-72-305.5.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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