

Moffat County Sheriff's Office 800 W. f^t Street, 100 Craig, Colorado 81625

RECORDS RELEASE FORM

Date of Request Requestor's Name Address		Date of Birth		
What is the nature of	the information you	are requesting?		
Name of person you	are inquiring about?			
******	******	******	*****	******
24-73-305.5 access to rec Records of official action other information in such "pecuniary gain". The o criminal justice records a used for the direct solicita By signing this form	s and criminal justice re a records shall be used by fficial custodian shall de unless such person signs ation of business for pec	cords and the names y any person for the p eny any person acces a statement which af uniary gain.	, addresses, telep ourpose of solici s to records of o firms that such r	phone numbers, and ting business for fficial actions and records shall not be
Revised State Statute	.			
Requestor's Signature			Date	
Record request received: In Person Information Provided: Date Denial of Inspection: Reason fo Prohibited by rules or order of c		or denial:	Time Contrary to	State Statute
Other reason stated: _	_			
Fees for Records rele Search Fee: Copy Fee per page Number of pages Total due	\$0.25			
Signature of Clerk Re	eleasing Records:			