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 and/or your E-Mail Address.
- 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

REQUESTED		
t or Crime Report () Inte	rnal Investigation File	() Motor Vehicle Accident Repo
Check item below that be r of vehicle or person involvit or Guardian of person injuney for (name)	est describes your intere yed in accident/incident. ured in motor vehicle ac ed to ask your attorney	st in this case. ccident for a copy of your report.
Signature		Telephone Number
Address	 S	
		
ribution. Please understand as quickly as possible. A fee	that they are being pro of \$0.25 per page may	cessed in an expeditious manner and be charged. Thank You
t	t or Crime Report () Inte	t or Crime Report () Internal Investigation File LL APPLICANTS MUST COMPLETE THE Check item below that best describes your interer of vehicle or person involved in accident/incident or Guardian of person injured in motor vehicle accept (name) r (please Specify) e in the courts, you will need to ask your attorney INTEREST IN THIS INCIDENT S AS INDI Signature Address