Phillips County Sheriff's Office

221 S. Interocean Ave., Holyoke, CO 80734

Phone: (970) 854-3644 Fax: (970) 854-2332 E-mail: Mbeard@phillipscounty.co

Michael Beard, Sheriff ***Abelardo Magana, Undersheriff***

Request for Public Records

Date of Requests: _____ Time of Request: _____

Name of Requestor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number _____

Email Address: _____

Organization: _____

Reason for Request: _____

To better assist with locating the correct records, please complete the below information.

Date of Incident:		Time of Incident:	
Name of Person Involved:			
Address/Location of Incident:			

Deputy Involved (If Known): _____

PCSO Case Number: _____

Detailed Description of Incidents:

Signature of Requestor: _____ Date: _____

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THIS PAGE IS FOR INTERNAL USE ONLY

REQUEST FOR RECORDING HAS BEEN:

☐ APPROVED
- ☐ Viewing
- ☐ Copy of Requested Record(s) (Reference Fee Schedule)

☐ DENIED FOR THE FOLLOWING REASON(S):
- ☐ Requestor did not provide sufficient information to identify specific recording.
- ☐ Requestor not authorized to receive recording.
- ☐ The recording contains information otherwise confidential or except from disclosure.
- ☐ The recording would reveal information about a person that is of a highly sensitive personal nature.
- ☐ The recording may harm the reputation or jeopardize the safety of a person.
- ☐ The recording would create a serious threat to the fair, impartial, and orderly administration of justice.
- ☐ Confidentiality is necessary to protect an active or inactive internal or criminal investigation or potential interna or criminal investigation.
- ☐ Incident relates to a crime of Sex Assault or other crimes that are sexual in nature.
- ☐ Other:_____

_____

_____

ACKNOWLEDGEMENT OF DISCLOSURE OF REQUESTED INFORMATION

I, _____ acknowledge that the information requested recorded on _____ was disclosed to me on _____ at _____ am/pm. Prior to the viewing of any recording. I agree that I will not record, copy, or distribute any unauthorized copies of the recording without the written authorization of the Phillips County Sheriff's Office. As a person having interest in this incident, I affirm that it will not be used for commercial purposes, pecuniary gain, or to harass or embarrass any individual that is involved in this incident. Criminal Justice Records may not be used for the direct solicitation of business or pecuniary gain. If requesting a booking photo, it will not be distributed on any website or in any publication that will require the subject of the photo to pay a fee or other exchange for pecuniary gain to have the photo removed. (Colorado Revised Statutes 24-72-305.5)

Signature of Requestor Date

Signature of Sheriff's Office Representative Date

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