



215 Rice Street
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Phone: 970-244-3500
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www.sheriff.mesacounty.us

CRIMINAL JUSTICE RECORDS REQUEST FORM

Requestor may submit request in person or email to so-records@mesacounty.us

Information Requested

Report Number: _____

Date of Incident: _____

Location of Incident: _____

Person(s) Involved (Name/DOB): _____

Additional Information:

Type of Request

- Case Report Background Check Mug Shot Other

Information About the Requestor

Name: _____

Phone Number: _____

Address: _____

Your signature affirms that the requested information will not be used for solicitation of business for monetary or pecuniary gain and acknowledges such a violation is a crime per Colorado Revised Statute §24-72-305.5.

Signature: _____ Date: _____

Please check one:

- I will pick up report Email report to: _____



For office use only:

Background and/or Warrant Check

The Mesa County Sheriff's Office has checked its records for the arrest and/or active warrant information for:

Name: _____ Date of Birth: _____

With the following results:

- No record of arrest with this agency
- No record of active warrant with this agency
- Record of arrest with this agency (see attached)
- Record of active warrant with this agency

Completed by: _____ Date: _____

Records Request Response Form

Processed by: _____ Date: _____

With the following results:

- Released
- Report Redacted Per: _____
- No Record
- Report with Other Agency: _____
- Report Denied Per: _____
- Reports Denied: _____
- Emailed Mailed Picked Up Faxed

Time used: _____ Flash drive fee: _____ Total Fee: _____

Description of Records Released: