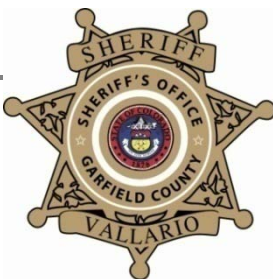


SHERIFF OF GARFIELD COUNTY

LOU VALLARIO



107 8TH Street
Glenwood Springs, CO 81601
Phone: 970-945-0453
Fax: 970-945-6430

106 County Road 333-A
Rifle, CO 81650
Phone: 970-665-0200
Fax: 970-665-0253

REQUEST FOR BACKGROUND RECORDS CHECK

Please fill in the information requested below as completely as possible. Incomplete information may be insufficient for a successful retrieval of the requested information. The records reviewed will be Garfield County records only. Please allow 48 to 72 business hours for your request to be completed.

For Statewide review go to www.cbirecordscheck.com or contact another jurisdiction (city, county or state) where you lived prior to residing in Garfield County.

Date of Request _____

Name: _____ Date of Birth: _____

Phone Number: _____ Fax: _____

E-mail: _____

Current Address: _____ City _____ State _____

Mailing Address if different from above: _____

Type of response requested \$5.00: E-mail Pick-up Mail Fax

24-72-303.5 Access to records – denial by custodian – use of records to obtain information for solicitation. Records of official actions and criminal justice records and the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose for soliciting business for “Pecuniary Gain.” The official custodian shall deny any person access to records of official actions and criminal justice records unless such person signs a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

24-72-309 Violation – penalty. Any person who willfully and knowingly violates the provisions of this part 3 is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than one hundred dollars, or by imprisonment in the county jail for not more than ninety days or both such fine and imprisonment.

By signing this form I acknowledge that I have read and understand the above Colorado Revised Statute.

Applicant's Signature _____ Date _____

Office Use Only

Identification verified by photo ID, copy attached. [] Payment received, copy attached []

Advised of report status: Date: _____ By: [] phone [] fax [] email

Released by: _____ Date: _____