



OURAY COUNTY SHERIFF'S OFFICE

JUSTIN PERRY SHERIFF
TAMMY STROUP UNDERSHERIFF

421 6th Ave.
Ouray, Colorado 81427
(970)-325-7272

*** HONESTY *** INTEGRITY *** SERVICE ***

Date/Time of Request

Criminal Justice Agency

Yes ____/No ____

Person of Record/Any Alias Names

Sex: M F DOB: _____

Address _____

City/State/Zip _____ Phone _____

Requestor Name:

_____ DOB: ____/____/____

Agency: _____

Address _____

City/State/Zip _____ Phone _____

Report: ____ Date of Report: ____ Mug Shot: ____ Background: ____

By signing this form I affirm that I will not use the documents released to me for any solicitation or pecuniary gain and I understand that in doing so I am subject to fines and penalties under Colorado Revised Statute 24-72-305.5

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Report Released: ____ Request Denied: ____ Reason: _____

Records Technician: _____

Fee Collected \$ ____ Fee waived ____ Reason _____

