## **Otero County Sheriff's**

## **Sheriff Shawn Mobley**

| Date of Request: |  |
|------------------|--|
|                  |  |

220 E 2<sup>nd</sup> Street La Junta. CO 81050 (719) 384-5941 Phone



| CRIMINAL JUSTICE RECORDS REQUEST FORM  INFORMATION REQUESTED  Please fill in the information requested below as completely as possible.  |   |  |
|--|---|--|
| Please IIII in the information requ  | ested below as completely as possible.  |  |
| OCSO Report No.  |   |  |
| Date of incident:Nature of i   | ncident:  |  |
| Location of incident:  |   |  |
|  | ncident you are requesting (Ex: Who/What/Where):  |  |
|  |   |  |
|  |   |  |
| Report AXON/VIDEO  | Juvenile Involvement Sex Assault  |  |
| INFORMATION ABOUT THE REQUESTOR  |   |  |
| Name:  | Phone No.:  |  |
| Mailing Address:   |   |  |
|  | State: Zip: copies of the record(s) described above. By   |  |
| solicitation of business for pecuniary gain and I acknowledge that such a violation is a crime under Colorado Revised Statute 24-72-305.5. I also understand any fee's paid in advance are non-refundable, and no records will be released until all fee's are paid in full and I have 30 days to pick up requested records.   |   |  |
| advance are non-refundable, and no rec   | 4-72-305.5. I also understand any fee's paid in ords will be released until all fee's are paid in   |  |
| advance are non-refundable, and no rec<br>full and I have 30 days to   | 1-72-305.5. I also understand any fee's paid in ords will be released until all fee's are paid in o pick up requested records.  |  |
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| Deposit Paid: | Date:        |
|---------------|--------------|
| # of pages:   | # of DDDD's: |

# 61 pages.\_\_\_\_\_ # 61 BBB 5.\_\_\_\_

Total Time used: \_\_\_\_\_ Total Balance Due:\_\_\_\_