



# Bayfield Marshal's Office

1199 Bayfield Parkway Bayfield, CO 81122

Phone (970) 884-9636 Fax (970) 884-6053

Email [bmo@bayfieldgov.org](mailto:bmo@bayfieldgov.org)

## Evidence Release Request / Receipt

Date of Request \_\_\_\_\_

### Incident Information (Fill out as much as able):

Incident # \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Location of Incident \_\_\_\_\_

Involved Person (s) \_\_\_\_\_

Court Case # \_\_\_\_\_ Case Status/Disposition \_\_\_\_\_

### Person Requesting / Picking Up Items:

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN (for firearms) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Place of Birth (for firearms) \_\_\_\_\_

### Items Requested (initial when transferred):

_____	Initial	_____	Initial
_____	Initial	_____	Initial
_____	Initial	_____	Initial
_____	Initial	_____	Initial

### For Office Use Only:

Person Requesting Name \_\_\_\_\_

Person Requesting Signature \_\_\_\_\_

ID checked and scanned

### For Firearms:

All guns checked if stolen CCIC/NCIC

Criminal History Check Done  RERC check done  ATF Trace Done  DA's Approval if Applicable

\_\_\_\_\_  
Person Picking Up Name

\_\_\_\_\_  
Person Picking Up Signature

\_\_\_\_\_  
Date/Time of Pick Up

\_\_\_\_\_  
Evidence Technician Name

\_\_\_\_\_  
Evidence Technician Signature

\_\_\_\_\_  
Date/Time of Pick Up