

Public Records Request Form

The following request is made under the Colorado Public Records law:

Name:	Date:
Organization represented (if any):	
Address:	
Phone: ()	Email
Name of document(s) requested:	
document, parties involved, etc. If the records are available pursu working days. If extenuating circ three working days, the period w County's Public Records Powww.larimer.org/transparency or Documents cost \$.25 per page p	wn, provide a brief but specific description. Include dates, type of road, vague, or voluminous requests cause delays or may be denied. Int to law, the records will be made available for viewing within thre turnstances exist so that the Custodian cannot gather the records within all be extended an additional seven working days. Please refer to the licy for more information. The Policy is available at the County Manager's Office (970) 498-7010. The policy is available at the County Manager's Office (970) 498-7010. The policy is available at the County Manager's Office (970) 498-7010.
Print Name	Signature
8	ail or deliver the completed form to the person/office whom you believ t(s). A list of county departments is available on the County web site.
For County Use Only Request received by:	Date/ Time: Estimated Cost \$
Actual Cost: CopiesX 2	$5\phi = $ Staff hours X(hourly rate) = \$
Total Cost \$ An	nount Paid \$
Date request completed//_	By

Enclosure 1 LCFITD-16 (09/12)