

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:	:	
		ecific description. Include dates, type of equests cause delays or may be denied.
working days. If extenuating cithree working days, the period	ircumstances exist so that the Co will be extended an additional Policy for more information	e made available for viewing within three custodian cannot gather the records within seven working days. Please refer to the on. The Policy is available at ce (970) 498-7010.
		costs exceed that amount, in which case must be received in advance of releasing
Print Name	Signature	
	-	orm to the person/office whom you believe nents is available on the County web site.
For County Use Only		
Request received by:	Date/ Time:	Estimated Cost \$
Actual Cost: CopiesX	$25\phi = $ Staff hours	X(hourly rate) = \$
Total Cost \$	Amount Paid \$	
Date request completed/	/ By	

Enclosure 1 LCFITD-16 (09/12)