



OPEN RECORDS REQUEST
FOR INSPECTION/COPYING OF RECORD

To Record Custodian

I, _____ Request the documents listed below:
(Please Print Name)

DETAILED DESCRIPTION OF DOCUMENTS BEING REQUESTED (if applicable, please include time frame of requested documents)

REQUESTOR INFORMATION

COMPANY NAME: (if applicable) _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

DATE REQUESTED: _____

PURPOSE OF REQUEST: [] Court Case [] Personal [] Other, please specify

DOCUMENTS NEED TO BE CERTIFIED? [] YES [] NO

SIGNATURE: _____

FOR DEPARTMENT USE ONLY

Responsible Department: _____ By: (Initials) _____

REQUESTED BY [] In Person [] Phone [] Fax Mail [] Email

AVAILABILITY [] Paper Copy [] Electronic Format

LOCATION [] On Site Available [] Off Site In Storage

FEES

TOTAL HOURS RESEARCH/STAFF TIME

Table with 4 columns: Fee Type, Unit, Rate, Total. Rows include 1st Hour (No Charge), Staff Time (\$30.00/hour), Copying Fee (\$.25/page), Certification Fee (\$5.00/Cert.), and Other Fee.

TOTAL FEE DUE \$ _____

Your signature below affirms that you will pay all fees associated with this request and that, per Colorado State Statute 24-72-305.5, you will not use the records released to you for the direct solicitation of business for pecuniary gain.

Having received the foregoing cost estimate I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available.

[] Yes [] No - Cancel request

Signature

Date