

_____ DISTRICT

OPEN RECORDS REQUEST

Please indicate the information you desire, and/or list each public record

Name:	
Street Address:	
City/State/Zip Code:	
Phone:	Email:

Date Stamp:
Time: _____ a.m/p.m.
By: _____

requested. Please be as specific as possible.

*C.R.S. §24-72-203(3)(b) Please allow a minimum of three business days to process requests.
In extenuating circumstances, an additional seven days may be needed to produce the records requested.*

FEES APPLICABLE TO RECORDS REQUESTS: <ul style="list-style-type: none"> • \$0.25/page • \$5.00/page (18x24 & larger) • \$30.00/hour after the first hour for research & retrieval • Other charges at cost 	ESTIMATE OF TOTAL CHARGES: _____ @ \$0.25 per page \$ _____ _____ @ 5.00 per page (18x24 & larger) \$ _____ _____ hours @ \$33.58/hour (excluding 1 st hour) \$ _____ Other charges (at cost) \$ _____ Estimated Total: \$ _____ * Total Deposit Due: (prepayment required) \$ _____ **
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**Payment of any actual costs exceeding the estimated charges and/or deposit is due before inspection or release of the records.
**If the deposit exceeds actual costs, the difference will be refunded at the time of inspection or release of the records.*

OFFICE USE	
CORA Request # 20 _____ - _____	
Request Completed	
By _____	Date _____ Time _____
Request Denied:	
By _____	Date _____ Time _____
Reason for Denial:	_____
Requestor Notified By:	
By _____	Date _____ Time _____
Estimated Response Date: _____	Notified of extension on: _____