Public Records Request Form

Date of Request: ________________________  Time: ________________________

Name: ________________________________  Address: ________________________________

City: ________________________________  State: ________________________________  Zip: ________________________________

Phone: ________________________________  Fax: ________________________________  Email: ________________________________

Copies Requested  Yes (   )   No (   )

Instructions: Please indicate the information desired and / or list each requested document. Please be as specific as possible:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Pursuant to C.R.S. §24-72-203 three (3) working days may be allowed for a search of the records. This may be extended by (7) working days for extenuating circumstances, to include the records being in active use, in storage or otherwise readily available. By signing or typing your name you are acknowledging there could be fees associated for copies or requests that require significant resources or staff time. You will be invoiced, and the request paused until payment is made, at which time your request will resume.

Signature: ________________________________

Records are available for viewing or pickup between the hours of 8:30 a.m. to 4:30 p.m.

Staff Use Only:

<table>
<thead>
<tr>
<th>Staff:</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Deposit/paid:</th>
<th>Released:</th>
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