

Pueblo City-County Health Department

The Colorado Open Records Act declares “to be the public policy of this state that all public records shall be open for inspection by any person at reasonable times, except as provided by Part 2 of C.R.S. § 24-72-200-1-206 or as otherwise specifically provided by law (effective June 7, 2012).”

Procedures for inspecting/copying of records at PCCHD Effective November 1, 2014

All requests for inspecting/copying of documents must be completed in writing by completing the Inspection/Copying of Record Request Form (on backside of these instructions).

Fees are assessed as follows:

Research for documents (looking up correspondence, reviewing files for relevant information, researching e-mails, etc.) is a \$30.00 per hour fee. The first hour of research is provided at no cost, but additional research time will be charged.

Copying of documents will be assessed a fee of \$.25 per page (first 10 copies are provided at no cost), double-sided copying is preferred.

Once an Inspection/Copying of Record Request Form has been submitted, a representative of PCCHD will review the request and determine an approximate amount of time for the research and completion of the request. If the request requires the assessment of fees, an estimated cost will be provided and the person responsible will be given an opportunity to cancel the request based on the estimated costs. The estimated fee must be paid at the time of request. If payment is not received, the request will be cancelled.

All requests will be completed within 72 hours of receipt of the completed Inspection/Copying of Record Request Form. PCCHD staff members can request an extension of the required response time, but the request must be obtained from the requestor and documented with the length of the extension.

All information/documents requested and retrieved will be reviewed by the Pueblo County Attorney’s Office for adherence to the Colorado Open Records Act requirements and will be completed within the required 72 hour response.

Requestors will be contacted via telephone/e-mail or fax when a request has been completed. Completed requests will be held for 30 days. If the request is not picked up within 30 days, the records will be destroyed and must be re-ordered. No refunds will be made and new fees will apply to all re-ordered records.

Complete the required information on the backside of these instructions and submit to PCCHD representative for processing.

Pueblo City-County Health Department Inspection/Copying of Record Request Form

Requestor: *complete the following*

Date Requested: _____

I, _____ request to inspect / copy the document(s) listed below:

Detailed description of document(s) being requested: _____

Company Name: (if applicable) _____

Address: _____

Telephone: _____ Cell Phone: _____ Fax: _____

E-mail: _____

Purpose of request: _____

Requestor Signature: _____ **Date:** _____

Any requested records will be held for 30 days. If not picked up within 30 days, the records will be destroyed and will need to be re-ordered. No refunds will be made and new fees will apply to all re-ordered records.

PCCHD to Complete:

Date Received: _____ By (name): _____

Responsible Department: _____

Fees: Research _____ hours @ \$30.00 per hour (after first hour) = \$ _____

Copies _____ each @ \$.25 each copy (after 10copies) = \$ _____

Total Estimated Fees \$ _____

Adjustments for actual research/copying:

_____ \$ _____

Total Fee Due: \$ _____

Requestor: Having received the foregoing cost estimate, I choose to confirm my request for the records described and agree to prepay for the estimated charges. I understand records will not be made available until payment in full is received.

Yes No, cancel request

Signature

Date