

# Pueblo Department of Public Health and Environment (PDPHE)

## Request Procedure for Inspecting and Copying of Records

**The Colorado Open Records Act, (CORA) C.R.S. § 24-72-201 to 206, provides that all public records shall be open for inspection by any person at reasonable times, except as provided in part 2 or as otherwise specifically provided by law.**

Requests for inspecting and/or copying of documents must be submitted in writing by completing the Request Procedure for Inspection/Copying of Record Form.

C.R.S. §24-72-203 requires making the documents available within three working days, or additional working days if extenuating circumstances exist. The statute provides a reasonableness standard for the time necessary to prepare and gather the records in both instances. The three-day period to respond corresponds with the time the request was received if during normal business hours. Otherwise, the time begins at the beginning of the next business day.

If the request exceeds 25 pages, a 25 cent per page fee will be assessed (8.5 x 11) C.R.S. §24-72-205(5)(a). There is also a charge of \$30 per hour associated with staff time when the records request requires more than one hour locating, researching or retrieving records. Costs shall be paid in full before the production of records unless alternative arrangements have been made. A cost estimate will be provided in advance of the gathering of documents. The requesting party will have an opportunity to cancel the request at that time.

Records requested from PDPHE may 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 three working day response unless otherwise indicated.

Requestors will be contacted when a request has been completed and is ready to be released. 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. Refunds are not be provided and new fees will apply to all re-ordered records.

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## 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:** \_\_\_\_\_

*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. Refunds are not be provided and new fees will apply to all re-ordered records.*

### **PDPHE 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 Cost** \$ \_\_\_\_\_

### **Adjustments for actual research/copying:**

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Cost 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, please cancel this request

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date