

PUEBLO COUNTY PUBLIC RECORDS REQUEST FORM

The following request is made under the Colorado Open Records Act:

Date: _____

Name/Company Represented (if any): _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Name of document(s) requested. If a document name is unknown, please provide specific description of document(s) or information requested:

*If the records are available pursuant to C.R.S. 24-72-201 et seq., the records shall be provided or made available for viewing within three working days. If extenuating circumstances exist so that the Custodian cannot reasonably gather the records within the three-day period, the Custodian may extend the period by up to seven (7) working days. The requestor shall be notified of the extension within the three-day period.

Copies of records may be requested at the rate of \$0.25 per standard page and the requestor will be charged a retrieval fee (\$41.37/hr beyond the first hour) based on the actual time spent to compile the request. All fees for public records must be received by County in advance of releasing the requested records.

By signing below the requestor affirms that the information requested shall not be used for pecuniary gain.

Printed Name: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Time spent by staff assembling records: _____

Estimated cost of assembly: \$ _____

Records request received by: _____