



If denied, basis for denial:

## **Colorado Open Records Act Public Records Request Form**

Date of Request:	Time of Reques	st: AM LJPM LJ
Applicant Name:		
Applicant Address:		
Daytime Phone #:	City	State Zip Code
Email Address:		
Description of the document or info	ormation requested:	
Purpose of the Request:  Court Case Personal In	nformation	
Signature:	Date:	
Servi	ice Description	Fee Amount
Audio Recordings (with own disc)		No Charge
A 1' D 1' ( 'd ( 1' )		\$5.00
Certified Document		\$2.00
Photocopies – Per Page (Black and White)		
Photocopies – Per Page (Color)		\$0.60
Telefaxed/Electronic Copies		No Charge
Research & Retrieval (Includes time spent inspecting & redacting exempt		Excess of 1 Hour -
information. May include staff time spent on supervising the record inspection.)		\$30.00/Hour
records shall be made available for request is not included in calculating. Custodian cannot reasonably gather the response period by up to seven (	t to \$24-72-201 <i>et seq.</i> C.R.S. as amende viewing within three (3) business days. g the response date. If extenuating circums the records within the three (3) day period to business days. The requestor shall be blic records shall be viewed at 1800 Harland at prearranged times.	The date of receipt of the imstances exists so that the iod, the Custodian may extend e notified of the extension
	For Internal Office Use:	
Notes:		
☐ Approved ☐ Denie	ed Method of I	Response:
Date Request Completed and Initial	ls: Amount Pre	epaid: \$

Balance Due Before Release: \$

Total Amount Paid: