PUBLIC RECORD REQUEST

Name: _____________________________ Date: _____________________________
Address: ___________________________ City: _____________________________
State: ____________ Zip Code: ____________ Daytime Phone: _________________
E-mail Address: ______________________ FAX Number: ______________________

Hard Copies Requested  Yes [ ]  No [  ]
Electronic Copies Requested  Yes [ ]  No [  ]

INSTRUCTIONS

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

________________________________________

Pursuant to §24-72-203 C.R.S. three (3) working days may be allowed for a search of the records. This may be extended by seven (7) working days for extenuating circumstances, to include the records being in active use, in storage or otherwise not readily available.

REQUEST MAY BE FAXED TO: 303-644-3401, Attention: District Office / Administration
Or Email: correnlind@bennettfirerescue.org
[Please note – all faxed or emailed requests must be followed up with a phone call to be sure it was received.]

Charges:

______ copies x $0.25 per page = ___________________

______ hours of research x $30.00 per hour (after 1st hour) = ___________________

________________________________________

Total = $ ________________

Staff Use Only
Date Received: _______________ Time Received: _______________
Date Completed: ____________ Time Completed: ____________ Completed By: _______
Summary of Response: __________________________________________

________________________________________