# 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:** lanilee@bennettfirerescue.org

[Please note – all faxed or emailed requests must be followed up with a phone call to be sure it was received.]

## Charges:

<table>
<thead>
<tr>
<th>Copies</th>
<th>$0.25 per page</th>
<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of research</td>
<td>$30.00 per hour (after 1st hour)</td>
<td>=</td>
</tr>
</tbody>
</table>

**Total** = $ __________

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**Staff Use Only**

**Date Received:** _____________  **Time Received:** _____________

**Date Completed:** _____________  **Time Completed:** _____________  **Completed By:** _____________

**Summary of Response:**

__________________________

__________________________