Public Records Request Form

The following request is made under the Colorado Public Records law:

Name: ___________________________________________ Date: ____________________

Organization represented (if any): ________________________________

Address: ______________________________________________________

Phone: (___) __________________ Email __________________________

Name of document(s) requested: ______________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

If the document name is unknown, provide a brief but specific description. Include dates, type of document, parties involved, etc. Broad, vague, or voluminous requests cause delays or may be denied.

If the records are available pursuant to law, the records will be made available for viewing within three working days. If extenuating circumstances exist so that the Custodian cannot gather the records within three working days, the period will be extended an additional seven working days. Please refer to the County’s Public Records Policy for more information. The Policy is available at www.larimer.org/transparency or at the County Manager’s Office (970) 498-7010.

Documents cost $.25 per page plus staff time, unless actual costs exceed that amount, in which case, actual costs may be charged. All payments for public records must be received in advance of releasing the requested records.

Print Name __________________________________________________________ Signature ________________________________________________________

Filing Instructions: Email, fax, mail or deliver the completed form to the person/office whom you believe to be the custodian of the document(s). A list of county departments is available on the County web site.

For County Use Only

Request received by: _____________________ Date/ Time: _________________ Estimated Cost $_________

Actual Cost:  Copies X 25¢ = $_________ Staff hours X (hourly rate) = $________

Total Cost $_______ Amount Paid $________

Date request completed __/__/____ By ____________________________

Enclosure 1 LCFITD-16 (09/12)