

COLORADO AIR QUALITY CONTROL COMMISSION

Request for Public Information

Date of Request _____ Time of Request _____

Requestor Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone Number _____

Document Description _____

Purpose of Request _____

How would you like to receive your records request?

Email

US Mail

In-Person Review

Requestor Signature _____ Date _____

INSTRUCTIONS

1. Complete this form in its entirety, providing as much detail as possible about the record(s) you seek. Print and/or save a copy for yourself.
2. Email a copy to cdphe.aqcc-comments@state.co.us or mail a copy to the Colorado Air Quality Control Commission 4300 Cherry Creek Drive South, EDO-AQCC-A5, Denver, CO 80246.
3. If you wish to review your records in person rather than receiving a copy, a representative from the Commission Office will contact you to schedule an appointment.
4. Charge for copying/prints is \$.25 per page, duplex are charged as two copies but are provided as such whenever possible.
5. Charges must be paid at time of service unless fees have been waived.
6. If you have any questions about your request or our procedures, please contact the Commission Office at 303-692-3476.

FOR COMMISSION OFFICE USE ONLY

Cost Estimate _____ # of pages @ \$.25 = _____

Payment and/or Release Details