Alamosa County Public Records Request Form

The following request is made under the Colorado Open Records Act or the Colorado Criminal Justice Records Act

Date: ____________________________
Time: ____________________________ a.m or p.m.

Name: ____________________________________________________________

Company Represented (if any): _____________________________________

Address: _________________________________________________________

City: __________________ State: __________________ Zip: ____________

Phone Number: __________ Fax Number: __________ Cellphone Number: __________

Name of document(s) requested: ______________________________________

If the document name is unknown, provide brief, but specific description of document or information requested (note of issuance and location of document, if known).

____________________________________________________________________

If the records are available pursuant to C.R.S. §24-72-201 et seq., or C.R.S. §24-72-301 et. seq., the records shall be made available for viewing within three working days. The date of receipt is not included in calculating the response date. If extenuating circumstances exist so that the Custodian cannot reasonably gather the records within the three-day period, the Custodian may extend the period by up to seven working days. The requestor shall be notified of the extension within the three-day period.

Public records may be viewed at the Custodian’s office located in, Alamosa, Colorado, 81101, on regular business days at prearranged times. After viewing the document(s), photocopies may be requested for $0.25 per standard page, the requestor may be charged a retrieval fee (up to $30.00/hour) based on the actual cost of responding to the request. Charges must be paid for at the time the request for photocopies are made, and must be picked up in person. By signing below the requestor affirms that the information requested shall not be used for pecuniary gain.

Signature _______________________________ Date ____________________________

For Official Use Only

Time spent by staff in assembling the records request. ____________________________

Estimated cost of assembly. $ ____________________________

Records requests received by: ____________________________ Date: ____________________________