

**GREATER EAGLE FIRE PROTECTION DISTRICT**

**OPEN RECORDS REQUEST**

Please indicate the information you desire, and/or list each public record requested. Please be as specific as possible.

Name:		<b>Date Stamp Received:</b> Time: _____ a.m/p.m. By: _____
Street Address:		
City/State/Zip Code:		
Phone:	Email:	

*C.R.S. §24-72-203(3)(b) Please allow a minimum of three business days to process requests.  
In extenuating circumstances, an additional seven days may be needed to produce the records requested.*

<b>FEES APPLICABLE TO RECORDS REQUESTS:</b> <ul style="list-style-type: none"> <li>• \$0.25/page</li> <li>• \$5.00/page (18x24 &amp; larger)</li> <li>• \$30.00/hour after the first hour for research &amp; retrieval</li> <li>• Other charges at cost</li> </ul>	<b>ESTIMATE OF TOTAL CHARGES:</b> _____ @ \$0.25 per page                      \$ _____ _____ @ 5.00 per page (18x24 & larger)                      \$ _____ _____ hours @ \$30/hour (excluding 1 <sup>st</sup> hour)                      \$ _____ Other charges (at cost)                      \$ _____ <p align="right"><b>Estimated Total:</b>                      \$ _____ *</p> <p><b>Total Deposit Due: (prepayment required)</b>                      \$ _____ **</p>
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*\*Payment of any actual costs exceeding the estimated charges and/or deposit is due before inspection or release of the records.*

*\*\*If the deposit exceeds actual costs, the difference will be refunded at the time of inspection or release of the records.*

*Please return this completed form to our Custodian of Records - Kathy Lawn at: [klawn@gefpd.org](mailto:klawn@gefpd.org) or contact at: 970.328.7244 for further information.*

<b>OFFICE USE</b>	
<b>CORA Request #</b>	20_____ - _____
<b>Request Completed</b>	_____
By	Date
	Time
<b>Request Denied:</b>	_____
By	Date
	Time
<b>Reason for Denial:</b>	_____
<b>Requestor Notified By:</b>	_____
By	Date
	Time
<b>Estimated Response Date:</b>	_____
<b>Notified of extension on:</b>	_____