

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:		Date Stamp Received: 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.*

FEES APPLICABLE TO RECORDS REQUESTS: <ul style="list-style-type: none"> • \$0.25/page • \$5.00/page (18x24 & larger) • \$41.37/hour after the first hour for research & retrieval • Other charges at cost 	ESTIMATE OF TOTAL CHARGES: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">_____ @ \$0.25 per page</td> <td style="width: 5%;"></td> <td style="width: 35%; text-align: right;">\$ _____</td> </tr> <tr> <td>_____ @ \$5.00 per page (18x24 & larger)</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____ @ \$41.37/hour (excluding 1st hour)</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other charges (at cost)</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td align="right">Estimated Total:</td> <td></td> <td style="text-align: right;">\$ _____ *</td> </tr> <tr> <td>Total Deposit Due: (prepayment required)</td> <td></td> <td style="text-align: right;">\$ _____ **</td> </tr> </table>	_____ @ \$0.25 per page		\$ _____	_____ @ \$5.00 per page (18x24 & larger)		\$ _____	_____ @ \$41.37/hour (excluding 1 st hour)		\$ _____	Other charges (at cost)		\$ _____	Estimated Total:		\$ _____ *	Total Deposit Due: (prepayment required)		\$ _____ **
_____ @ \$0.25 per page		\$ _____																	
_____ @ \$5.00 per page (18x24 & larger)		\$ _____																	
_____ @ \$41.37/hour (excluding 1 st hour)		\$ _____																	
Other charges (at cost)		\$ _____																	
Estimated Total:		\$ _____ *																	
Total Deposit Due: (prepayment required)		\$ _____ **																	

**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 or contact at: 970.328.7244 for further information.

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