

Public Records Request Form

The following request is made under the Colorado Open Records Statute: Requestor's Name: Email Address: Company Name: Company Address: Phone Number:_____ Fax Number: Time:_____a.m. ____p.m. Name of document(s) requested: If the document name is unknown, provide brief, but specific description of document or information requested (note date of issuance and location of document, if known). If the records are available pursuant to C.R.S. 24-72-201 et seq., the records shall be made available for viewing within three (3) working days. If extenuating circumstances exist so that the Custodian cannot reasonably gather the records within the three-day period, the period shall be extended to seven working days. The requestor shall be notified of the extension within the three-day period. Public records shall be viewed in the Human Resources Office, Red Rocks Community College, Lakewood Campus, Room 1025, on regular business days at prearranged times. After viewing the document(s), photocopies may be requested for a reasonable fee of up to \$0.25 per standard page, or the actual cost of providing a copy, printout, or photograph of a public record in a format other than a standard page, as provided by law. Photocopies must be paid for at the time the request for photocopies is made, and may be picked up in person, or may, by mutual agreement, be acquired in some other fashion, such as by facsimile, or by electronic mail. **Print Name** Signature Internal Use Only Time Spent by Staff in Assembling the Records Request: Estimated Cost of Assembly Documents \$ _____ Records Request Received by: Employee:___ Print Name Signature Date