



CITY OF ROCKY FORD

203 South Main * Rocky Ford, CO 81067 * (719)254-7414 * Fax (719)254-7416

PUBLIC RECORDS REQUEST

PLEASE PRINT

Name: _____

Date of Request: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____

Email: _____

INSTRUCTIONS

1. Indicate the information you desire and/or list each requested document. Please be as specific as possible. Allow three (3) working days for a search of the records. Per the State of Colorado Open Records Act (C.R.S. 24-72-203), if the request is substantially large or is maintained off-site, an extension of seven (7) working days is permitted. You will be notified within three (3) days of any extension and all estimated costs.

*First hour of research is free. Multiple connected requests will be considered a singular request and charges will be applied as such.

Please select the format in which you prefer to receive materials. NOTE: the delivered format is ultimately within the sole discretion of the Records Custodian:

- View only, no copies requested. **Appropriate personnel will be scheduled to accompany you during viewing.**
- Hard copies/printouts
- CD*
- email*

*Not all documents are available electronically. Data manipulation fees may apply.

2. Please select the method you prefer for notification when the records are available:

- U.S. First Class mail
- I will pick up the records. Please notify me of the records' availability by (circle one):
 - Mail
 - Phone
 - Email
- Please email me the records, if records are available electronically. If records are not available by email, please specify an alternate method:

I agree to pay the charges incurred in processing this request pursuant to the schedule of fees and charges currently in place, including, if necessary, any amounts exceeding the estimates set forth above. This request will be considered received when this form is complete and the deposit is paid. If no deposit is required, the request shall be considered received upon receipt by the Records Custodian.

Signature of Requestor: _____
Date of Request: _____
Time of Request: _____

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City Staff Use Only

Received by: _____

Date and Time: _____

Estimated charges: _____

DOCUMENT / RECORD RETRIEVAL		
Photo Copies		
8 1/2 x 11 (B&W single side)		\$0.25
8 1/2 x 14 (B&W single side)		\$0.50
8 1/2 x 11 (Color single side)		\$1.00
8 1/2 x 14 (Color single side)		\$1.25
Electronic disk CD or DVD	per disk	\$5.00
Research, Retrieval, Special Handling	per hour	\$30.00

Deposit required: \$ _____

For City Residents, one half of the estimated total, if in excess of \$10.00

For Non-City Residents, 100% of the estimated total, if in excess of \$10.00

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Request completed by: _____ Date: _____

Method of delivery: _____

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Request denied by: _____ Date: _____

Reason(s) for denial:
