

## Logan County Open Records Request Form

The following request is made under the Colorado Open Records Act:

Date: \_\_\_\_\_

Time: \_\_\_\_\_ a.m./p.m.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of document(s) requested: \_\_\_\_\_

\_\_\_\_\_

(Attach additional sheet if necessary.)

If the document name is unknown, provide brief, but specific description of document or information requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Select preferred method of delivery:

\_\_\_\_\_ In person pickup

\_\_\_\_\_ Regular U.S. Mail

\_\_\_\_\_ e-mail (Provide e-mail address): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Official Use Only

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DEPARTMENT/CUSTODIAN OF RECORDS:

Time fee: \$30.00 per hour (after the 1st hour) per C.R.S. 24-72-205(6)

Research Records request received by: \_\_\_\_\_  
Employee Name Department Date

REQUEST FORWARDED TO: \_\_\_\_\_

Time spent by staff in assembling the records request. \_\_\_\_\_

Cost of research and assembly of request. \$ \_\_\_\_\_

REQUEST COMPLETED: \_\_\_\_\_

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