



RIO GRANDE COUNTY PUBLIC RECORDS REQUEST FORM



PLEASE PRINT

Name: _____ Date of Request: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Instructions

Indicate the records requested. Attach additional pages if necessary. Please be as specific as possible. Allow three (3) working days after submitting this form and the deposit for a search of the records. Per the State of Colorado Open Records Act C.R.S. 24-72-203(3)(b), the three day time may be extended up to an additional seven (7) working days if extenuating circumstances exist. Notification will be made within three (3) days of any extension and all estimated costs.

Please select the format in which you would like to receive materials:

- _____ View only, no copies requested. **Appropriate personnel will be scheduled to accompany you during viewing.**
- _____ Hard copies/printouts
- _____ Portable media*
- _____ Email attachment or link to cloud storage location*
- _____ Any of the above methods. Records Custodian is authorized to determine the most cost-efficient method and notify requestor.

*Not all documents are stored electronically. The transmission method may be limited by size/type of electronic records. Data manipulation fees may apply.

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

- _____ USPS First Class mail
- _____ Pick up the records.
- _____ Contact by (circle one) mail phone email

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 estimate. 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

Return completed form to:
Rio Grande County Clerk
965 Sixth Street Del Norte
P. O. Box 160 Del Norte, CO 81132
clerk@riograndecounty.org
fax 719-657-2621

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For Staff Use Only

Request Received by: _____ (printed name)

_____ (signature)

Date/Time: _____

Estimated charges:

Hard Copy: \$ _____

Portable media (specify type) _____ \$ _____

Research, retrieval, and data manipulation fees:

This fee includes staff time needed for Research/Retrieval, Data Manipulation, or Redaction.

Total estimated hours: _____ If one hour or less there is no charge

Beginning with the second hour: _____ Hrs. @ \$30.00/hr. = \$ _____

