

PLEASE PRINT Date of Request: Name:_____Phone: Address (include street, city, state and zip code: Copies requested: Yes_____ No___ Please indicate method of delivery I swear and/or affirm that these records will not be used for the direct solicitation of business for pecuniary gain. (C.R.S. 24-72-305.5) Signature of Person Making Request INSTRUCTIONS Indicate the information you desire and/or list each requested document. Please be as specific as possible and allow 3 working days for a typical search for records.

(For staff use only)

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Request completed/denied by (full signature & printed last name):						
			<u></u>	<u> </u>	Date:	
(This form will be retained for two years.)						
Give reason(s) for denial below:						