



Public Records Request

**Attn: District Records
Custodian
6631 S. University Blvd.
Centennial, CO 80121
MindyA@ssprd.org**

Requestor Information	
Requestor Name:	
Company Name:	
Mailing Address:	
Contact Phone:	
Email:	
Information Regarding Request	
Subject:	
Detailed Description of Records Requested (be as specific as possible):	
Reason for Request:	
Date Range:	_____ to _____
Preferred Method to Receive Documents	
(Check all that apply)	
Photo Copy (.25/page) <input type="radio"/>	Pick Up In Person <input type="radio"/>
Copied to CD/Flash Drive <input type="radio"/>	Mail <input type="radio"/>
Email (if size allows) <input type="radio"/>	Certified mail (\$1/document) <input type="radio"/>
View In Person <input type="radio"/>	

The District policy regarding requests for public records under the Colorado Open Records Act is available at ssprd.org/public-records-request. All open records requests must be submitted on this form to the District Records Custodian at the address or email above. Records requests may take up to THREE business days to process, or more if warranted.

Services and Fees – See Below – SIGNATURE REQUIRED.

I have read the district policy regarding open records requests. I understand that I may have to pay fees up front, and that the cost estimate, if provided, is only an estimate and can vary depending on the nature of the documents found. The entire balance must be paid in full prior to the release or viewing of the documents, and any excess fees paid will be refunded. If it is determined that the estimate will be exceeded, the District Records Custodian will attempt to contact me to determine if they should proceed. Please make checks payable to "SSPRD."

SIGNATURE

DATE

Services & Fees		Estimate	Actual
Search & Retrieval Fee	1st Hour is NO CHARGE _____ 15 min intervals x \$7.50		
Copies/Scan Regular Page	_____ Pages x .25		
Certified Copies	_____ Pages x \$1		
Miscellaneous	: (i.e. CD-ROM, Flash Drive, Postage)		
Total Fees:		\$ _____	\$ _____
Amount collected on:	_____		(\$ _____)
Balance/Refund due:	_____		_____