

"SSPRD."

**SIGNATURE** 

## **Public Records Request**

303-483-7011
Attn.: District Records Clerk
6631 S. University Blvd.
Centennial, CO 80121
MindyA@ssprd.org

DATE

	Requestor Information
Requestor Name:	1. Columnia de la color de la
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
Dr	referred Method to Receive Documents
	(Check all that apply)
Photo Copy (.25/page)	Pick Up In Person
Copied to CD/Flash Drive	Mail
Email (if size allows)	Certified mail (\$1/document)
View In Person	
ssprd.org/public-records-request	uests for public records under the Colorado Open Records Act is available at <u>All open records requests must be submitted on this form</u> to the District r email above. Records requests may take up to THREE business days to
front, and that the cost estimate,	y – SIGNATURE REQUIRED.  garding open records requests. I understand that I may have to pay fees up if provided, is only an estimate and can vary depending on the nature of the ance 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 Clerk will attempt to contact me to determine if they should proceed. Please make checks payable to

Services & Fees				Estimate	_	Act	ual
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					
Missallanagus	·/i o CD DOM	Flack Drive F	lostogol				
iviiscellarieous	: (i.e. CD-ROM,	, Flash Drive, P	Ostage)				
			Total Fee	s: \$		\$	
Amount collected on:		-			_	(\$	)
Balance/Refund due:		_					