Request for Public Records Form

The District Director is responsible for responding to the requesting party in a timely manner. Responses will be provided in the format in which the documents are maintained whenever legally, technologically, or practically feasible.

The requesting party will be notified with the following:
1. If the requested documents are not available, reside with another agency, or if the records are not covered by CORA.
2. With the cost estimate for retrieval, if applicable. Refer to Fees below.

Please submit requests to the District Director:
- Email: ld Gunn@deltalibraries.org
- USPS Mail: P.O. Box 540, Hotchkiss, CO 81419
- In Person: 149 East Main Street, Hotchkiss CO 81419. Please contact the District administrative office for open hours at (970) 399-7876.

Requestor’s Name: ______________________________________________________________
Mailing address: ________________________________________________________________
City: ___________________________ State: _________ Zip Code: _____________
Telephone: (_____)____________________ Email address: _____________________________
Representing: _____ Self  _____ Organization
Organization Name: _____________________________________________________________
Organization Address: ___________________________________________________________
City: ___________________________ State: _________ Zip Code: _____________
By submitting this request, you are invoking CRS §24-72-200.1 et. seq.

Your request will be responded to in accordance with this statute. You are aware that there may be a charge for filling this request per statute.

Date of Request: _________________________ __________________________

Signature of Requestor

Records being requested (please be as specific as possible):

Method of Records Delivery:

_____ Printed copies of records to be picked up by requestor at District office

_____ Printed copies of records delivered to requestor by USPS mail

_____ PDF of records emailed to requestor
Fees

Copies:
- 25¢ per page (8½ x 11, 8½ x 14; 11 x 17)
- Actual cost of reproduction (larger than 11 x 17)

Mailing Expenses
- Actual cost

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For Library District Staff Only

Date request received: ________________________________

Date payment received (cash, check): ________________________________

Date records released: ________________________________

Reviewed by legal counsel: ______ Yes ______ No

Number of pages: __________

Hours of staff time spent: __________

Cost for records: __________