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: records@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
Request for Public Records Form

Fees

Research and Retrieval
• $0 – one (1) hour or less
• $30.00 per hour – more than one (1) hour

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

PDF Records Sent Via Email
• Research and retrieval time – if the record exists in electronic format
• Research and retrieval time – if the record has to be scanned to PDF
• Research and retrieval time + paper copy fee – if the record has to be printed and scanned to PDF

Mailing Expenses
• Actual cost

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: _______