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PUBLIC RECORD REQUEST

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone: _____

E-mail Address: _____ FAX Number: _____

Hard Copies Requested Yes [] No []

Electronic Copies Requested Yes [] No []

INSTRUCTIONS

Please indicate the information desired and/or list each requested document. **Please be as specific as possible.**

Pursuant to §24-72-203 C.R.S. three (3) working days may be allowed for a search of the records. This may be extended by seven (7) working days for extenuating circumstances, to include the records being in active use, in storage or otherwise not readily available.

Charges:

_____ copies x \$0.25 per page = _____

_____ hours of research x \$30.00 per hour (after 1st hour) = _____

_____ = _____

Total = \$ _____

ELECTRONIC SIGNATURE

By checking this box and typing my name below, I am electronically signing this document and agree that my E-signature is as valid as if I signed the document in writing. I agree that the information provided is complete and accurate. By typing my name, I consent to be legally bound by the terms and conditions of this agreement.

Signature: _____