

# PUBLIC RECORDS REQUEST FORM

DATE OF REQUEST: \_\_\_\_\_

TIME : \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number (During Business Hours): \_\_\_\_\_

Description of Information Desired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURSUANT TO THE COLORADO OPEN RECORDS ACT, THE BOARD OF COUNTY COMMISSIONERS OF LAKE COUNTY HAS THREE DAYS TO RESPOND TO THIS REQUEST.

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(Do not write below this line.  
This section to be completed by Official Custodian.)

RESPONSE DATE: \_\_\_\_\_

RESPONSE DATE: \_\_\_\_\_

DELIVERED TO: \_\_\_\_\_

NUMBER OF PAGES: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

\_\_\_\_\_  
Official Custodian

Denial of Request and Basis, if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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