

Request for Public Records in the Custody of Northern Chaffee County Library District

Date of Request:		
First and Last Name:		
Organization or Client (if applic	cable):	
Mailing Address:		
Phone Number:		
Email Address:		
List and/or describe records re	quested; please include date(s) and a	ny other identifying information:
Choose a delivery method:	In-person Inspection Email	as attachments (if applicable)
_	Paper copies	
Signature of Requestor:		
Date:		
Office Use: (Submit immediate	ly to the Director)	
Date Received:	Staff Name:	
Date/time of response or denia	al provided:	
Extenuating Circumstances (if a	applicable):	
Denial Reason (if applicable): _		
Fees:	Date Fees Paid:	Staff Initials:

The Colorado Open Records Act, C.R.S. 24-72-201, et seq., identifies certain records that may, or must, remain confidential and closed to public inspection. Your request to view records may be denied pursuant to the provisions of C.R.S. 24-72-204.