

**HARTSEL FIRE PROTECTION DISTRICT
REQUEST FOR PUBLIC DOCUMENTS**

Document Request # _____
(For office use)

Name of Requestor: _____ Phone: _____ Date: _____

Please note the following:

Office hours of the Hartsel Fire Protection District are 9am to 4pm, Monday and Tuesday or by appointment. Documents must be requested in person, during office hours. A surcharge of \$18.00 per hour will be applicable to all requests for records that involve more than 15 minutes of staff time. This surcharge will be chargeable in ¼ hour increments, for the identification, location, gathering and copying of all requested documents. The surcharge will be in addition to the currently authorized charge of \$0.25 per page copying charge. A deposit of \$18.00 per request will be charged at the time of such request. At the time the request is picked up, the deposit amount will either be applied to the balance due on the request or, if less than the deposit amount is owed on the request, the difference will be refunded to the requestor.

Any single document will be provided within three working days. Multiple documents may take longer and furnishing these will not be allowed to interfere with the regular discharge of duties of Hartsel Fire Protection District employees. Any other form of record, such as photographs, tape recordings or oversized documents will be assessed to requestor at the cost to the Hartsel Fire Protection District. If the document requested is unavailable at the office of Station #1 in Hartsel, the requestor must perform his or her own research to locate the document.

Public documents will be made available according to the provisions in the Colorado Revised Statutes, Title 24, Article 72.
[Public (Open) Records]

Deposit amount of \$18.00 received on _____ By: _____

Estimated time to comply with attached request: _____.

Actual time spent on attached request: _____ @ 18.00 per hour

_____ Pages @ .25 per page: _____

Total amount charged for attached request: \$ _____.

Less deposit of \$18.00. Balance owed to the District: \$ _____ / Balance owed to Requestor: \$ _____.

DOCUMENT REQUEST # _____

NAME OF REQUESTOR: _____ DATE: _____

Please list and specify the name and date of the documents requested:

1. _____

2. _____

3. _____

4. _____

5. _____

Date documents provided: _____ By: _____

Reason request denied: _____

Signature of requestor at the time documents are received

Date

Policy and Form approved: Res. 2010-06-09