

**CLIFTON FIRE PROTECTION DISTRICT
OPEN RECORDS FIRE REQUEST FORM**

NOTICE: All records requests must comply with the Colorado Public (Open) Records Act, C.R.S. § 24-72-201, et seq.; and all other applicable law.

Individual Requesting

Full Name: Name

Date of Request: Name

Address: Name

Email: Name

Phone Number: Name

Records Requested

Location of Fire: Name

Date of Fire: Name

Are you the Owner of the property? Yes No

Reason for Request: Name

Is there an investigation on the fire? Yes No

Do you need to talk to someone about the fire? Yes No

Any further questions or concerns? Name

Delivery Method of Requested Records: *ONLY copies of Original Documents will be provided*

I will pick up copies at the District's Office located at 3254 F Road, Clifton, CO 81520 (Picture ID Required)

By mail to the following address: Address

By email to the following email address: Email

Signature: By affixing my signature I hereby certify that I am the person requesting the records identified above. I agree to pay all fees and costs incurred in responding to this request pursuant to the District's *Resolution 17-08-0001 A Resolution Establishing a Policy for Requests for Public Records and Assessing Charges for the Production of Public Records before the records are released to me. I further acknowledge that subsequent requests for records shall require submittal of subsequent Open Records Requests and are subject to additional fees.*

Signature

Date

FOR OFFICIAL USE ONLY:

Approved by: _____

Date: _____

Invoice#: _____ Amount: _____

Paid: Cash Check Billed

Distributed via: Fax Email Mail Pick up On site

Date: _____