**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.**

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| **Individual Requesting** | |
| **Full Name:** Name | **Date of Request:** Name |
| **Address:** Name | |
| **Email:** Name | **Phone Number:** Name |

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| **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: