Wiggins Rural Fire Protection District Open Records Request Form

The following request is made under the Colorado Open Records Act:

		Date:		
			a.m./p.m.	
Name:		Company:		
Address:		City:	State:	Zip:
Phone:	Fax:	Cell	:	
Email:		<u> </u>		
Name of document(s	s) requested:			
		ovide brief, but speci and location of documen		
produced within 3 w If extenuating circu within the 3-day per The requestor shall b at 701 Central Aven costs of the request may require a dep commenced. Any d	rorking days (date of r mstances exist so that iod, the custodian may be notified of the exter ue, Wiggins, Coloradomust be paid in accor- posit of the estimate	equest is not included at the custodian canny extend the period by asion within the 3-day o, on regular business dance with the Districted fees and costs be posit will delay the resuments.	in calculating the rot reasonably gath up to 7 additional period. Records s days by appointment's CORA Policy.	response date). ner the records working days. hall be viewed nent. Fees and The custodian e request will
Signature		Date		
For Official Use	Only			
Time spent by	y staff in assembling t	ur after \$30 per hour (che records requestequest. \$		5(6)(a))
Research Records re	quests received by:			
Secretary		<u></u>	<u> </u>	