

# Open Records Request Form

Submit to:  
NCHD Custodian of Records  
700 Columbine St.  
Sterling, CO 80751  
Fax: 970 522-1412  
Phone: 970 522-3741



**REQUEST INFORMATION: Please print or type the following information as neatly as possible:**

Name of Requesting Party: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Request (please be as specific as possible): \_\_\_\_\_

\_\_\_\_\_

**Additional information is required for the items listed below:**

<u>WATER</u>	<u>OWS/SEPTIC</u>	<u>Food Service</u>
Water supply address: _____	Current owners: _____	Facility Name: _____
Approximate date sample(s) taken: _____	Previous owners: _____	Facility Address: _____
Person/Agency submitting sample: _____	Street address of system: _____	_____
_____	Legal Description Range: _____	_____
_____	Township: _____ Section: _____	_____

**DELIVERY PREFERENCE: Mark all that apply, e-mail is preferred to keep costs minimal.**

- Photocopy\*     CD/DVD\*     E-mail (address \_\_\_\_\_)
- U.S. Mail\*     Other: \_\_\_\_\_

Pursuant to NCHD's Open Records Request Policy, NCHD will notify you if your request is not specific enough, or if any additional releases are required for the information requested. Fees for records vary depending on the method of delivery and the time involved, all of which is outlined in NCHD's Open Records Request Policy, available online at [www.nchd.org](http://www.nchd.org), or in any NCHD office. NCHD will provide a cost estimate for copy charges and data compilation fees upon request, and at the sole and exclusive discretion of NCHD, may require you to pay all or a portion of said charges and fees in advance, prior to compiling the information. NCHD will hold the delivery of any requested documents from a requesting party who has failed to pay fees and charges from a previous request, until such time said fees and charges have been paid.

*\*Fee applicable, see NCHD's Open Records Request Policy for details.*

## Health Department Use Only

Date Request Received \_\_\_\_\_ Date Request Forwarded \_\_\_\_\_ Date Request Delivered \_\_\_\_\_

Records Found     No Records Found

Comments: \_\_\_\_\_

Description of Fees (if any): \_\_\_\_\_

Signature: \_\_\_\_\_ TOTAL \$ \_\_\_\_\_