



Board of County Commissioners

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OPEN RECORDS

REQUEST

Requesting Party:

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

REQUESTED PRODUCTION DATE: _____

Detailed description of the records sought:

By your signature below, the requesting party agrees to pay for copying costs of \$.25 per page as well as all research/labor charges if applicable. Any records produced must be retrieved from the offices of the Board.

SIGNATURE OF REQUESTING PARTY: _____

For Administrative Use Only – Do Not Write Below Line

Date Request Received: _____

Date Forwarded to Attorney: _____

Date Documents delivered: _____

Reason for Denial: _____

Costs/Fees received: \$ _____

ALL REQUESTS MUST BE IMMEDIATELY FORWARDED TO THE COUNTY ATTORNEY FOR REVIEW