

**NORTH PARK HOSPITAL DISTRICT**

**Request for Inspection/Copy of Public Records**

**For Internal Use Only**

Date of Request: \_\_\_\_\_

Time of Request: \_\_\_\_\_ AM/PM

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone #:**(    ) \_\_\_\_\_ **Alt./Cell:** (    ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Detailed description of the records requested: (Please use additional sheets if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select a preferred format for the materials: Hard Copies  Electronic  View Hard Copy Only

**I request the records described and agree to pay all charges incurred in processing this request at or before the time the records are made available. If over \$10, I understand I must provide a deposit to pay for the cost incurred to obtain the records. I understand that the Estimated Charges are estimates only, and that the actual cost may vary. This request will be considered received when this form is complete and received by the Custodian and any required deposit is paid.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit Request Form To:  
North Park Hospital District  
PO Box 613  
Walden, CO 80480

If the records are available pursuant to §§ 24-72-201, *et seq.*, C.R.S., the records shall be made available for viewing within three (3) working days. The date of receipt is not included in calculating the response date. If extenuating circumstances exist so that the Custodian cannot reasonably gather the records within the three (3)-day period, the Custodian may extend the period by up to seven (7) working days. The requestor shall be notified of the extension within the three (3)-day period. Public records shall be viewed at the District's offices during regular business days at prearranged times.

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**Estimated Charges**

Number of Pages \_\_\_\_\_ at \$.025/page \_\_\_\_\_  
Postage/Delivery Costs: \$ \_\_\_\_\_

Research & Retrieval \_\_\_\_\_ Hours at \$41.37/hr  
See § 24-72-205(6), C.R.S. for hourly fee

Research & Retrieval Total: \$ \_\_\_\_\_

Deposit Required: \$ \_\_\_\_\_

Total Estimated Costs: \$ \_\_\_\_\_

Note: Non-standard and special requests will be billed at cost and charged in addition to any other fees.

**Administrative Matters**

Date Request Completed: \_\_\_\_\_

Amount Prepaid: \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Balance Due Before Release: \$ \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

If Denied, Provide Reason(s)

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