

TALLAHASSEE FIRE PROTECTION DISTRICT

OPEN RECORDS REQUEST

Please indicate the information you desire, and/or list each public record requested. Please be as specific as possible.

Name:		Date Stamp Received: Time: _____ a.m/p.m. By: _____
Street Address:		
City/State/Zip Code:		
Phone:	Email:	

*C.R.S. §24-72-203(3)(b) Please allow a minimum of three business days to process requests.
In extenuating circumstances, an additional seven days may be needed to produce the records requested.*

FEES APPLICABLE TO RECORDS REQUESTS: <ul style="list-style-type: none"> \$0.25/page \$5.00/page (18x24 & larger) \$41.37/hour after the first hour for research & retrieval Other charges at cost 	ESTIMATE OF TOTAL CHARGES: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">_____ @ \$0.25 per page</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>_____ @ \$5.00 per page (18x24 & larger)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>_____ @ \$41.37/hour (excluding 1st hour)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Other charges (at cost)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">Estimated Total:</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black; text-align: right;">*</td> </tr> <tr> <td colspan="2">Total Deposit Due: (prepayment required)</td> <td style="border-bottom: 1px solid black; text-align: right;">**</td> </tr> </table>	_____ @ \$0.25 per page	\$		_____ @ \$5.00 per page (18x24 & larger)	\$		_____ @ \$41.37/hour (excluding 1 st hour)	\$		Other charges (at cost)	\$		Estimated Total:	\$	*	Total Deposit Due: (prepayment required)		**
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_____ @ \$41.37/hour (excluding 1 st hour)	\$																		
Other charges (at cost)	\$																		
Estimated Total:	\$	*																	
Total Deposit Due: (prepayment required)		**																	

**Payment of any actual costs exceeding the estimated charges and/or deposit is due before inspection or release of the records.*

***If the deposit exceeds actual costs, the difference will be refunded at the time of inspection or release of the records.*

Please return this completed form to our Custodian of Records - Carol Zimney at: carol.zimney@talxfire.com or contact at: 1-800-316-8233 for further information.

OFFICE USE			
CORA Request #	20____ - _____		
Request Completed	By _____	Date _____	Time _____
Request Denied:	By _____	Date _____	Time _____
Reason for Denial: _____			
Requestor Notified By:	By _____	Date _____	Time _____
Estimated Response Date: _____		Notified of extension on: _____	