Open Records Request Form

Submit to:
NCHD Custodian of Records
700 Columbine St.
Sterling, CO 80751
Fax: 970 522-1412
Phone: 970 522-3741 x1257

**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):
________________________________________________________________________________________
________________________________________________________________________________________

**WATER**

Water supply address: ___________________  Current owners: ______________________

Approximate date sample(s) taken: _________ Previous owners: ______________________

Person/Agency submitting sample: ________________ Street address of system: ________________

**OWS/SEPTIC**

Legal Description Range:_______________  Facility Name: _________________________

Township:_________  Section:_____________  Facility Address: ________________

**Food Service**

Facility Name: _________________________  Legal Description Range:_______________

Facility Address: ________________________  Township:_________  Section:_____________

Additional information is required for the items listed below:

**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, 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 $_________________________

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