Public Records Request and Payment Agreement Form

(To be completed by Executive Director and the requesting party. This must be completed prior to the release of public records.)

Today's Date: _____ Date of Request _____

Specific information requested:

_____

_____

Requested by:

Name _____

Business _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

As an individual or an agent of the above named business/agency, I agree to the following payment schedule for the fees incurred as the result of the above mentioned Public Records Request.

COST

Research/Preparation $_____

Copying $_____ pages x $.25 = $_____

Other $_____

Total cost $_____

Minus $25 or 10% of amount over $250.00 $_____

Balance Due (if applicable) $_____ Date balance due _____

Date/Time Information Available_____

I agree that the balance due shall be paid to the Aspen Ridge Preparatory School, Public Records Accounts, on or before fourteen (14) calendar days from the date this information is available. (Date due is noted above.) I attest that I have requested this information and I will submit payment for this service upon its release. I further agree that if such balance is not paid in full it may affect my rights, or the rights of the above named business/agency, to future public records requests as the school may deny those requests until this balance is paid in full.

_____ _____

Signature Executive Director

REQUESTS & PAYMENTS SHALL BE SUBMITTED TO

705 Austin Ave • Erie • CO • 80516

Date _____ $_____Paid in full_____Cash_____Check/Check #_____Other_____

Date _____ $_____Deposit paid_____Cash_____Check/Check #_____Other_____

Date _____ $_____Balance paid_____Cash_____Check/Check #_____Other_____