



Public Records Request and Payment Agreement Form

(To be completed by District staff 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 St. Vrain Valley School District, 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 District may deny those requests until this balance is paid in full.

Signature

District Staff

REQUESTS & PAYMENTS SHALL BE SUBMITTED TO
 Office • 395 South Pratt Parkway • Longmont • CO 80501-6499

Date _____ \$ _____ Paid in full _____ Cash _____ Check/Check # _____ Other _____
 Date _____ \$ _____ Deposit paid _____ Cash _____ Check/Check # _____ Other _____
 Date _____ \$ _____ Balance paid _____ Cash _____ Check/Check # _____ Other _____