



**Request for Records
Pursuant to the Colorado Open Records Act**

Date of Request: _____ Time: _____

Name: _____

Mailing address: _____

Telephone Number (daytime): _____

Specific description of the record desired:

(Signature)

(Do not write below this line - this section to be completed by YVHA Staff)

Response Date: _____ Response Time: _____

Method of delivery: _____

Number of pages: _____ Amount Paid: _____

By: _____

Denial of request and basis for denial:

Pursuant to the Colorado Open Records Act (C.R.S. 24-72-203), YVHA has 72 hours in which to respond to this request. If the request is large, an extension of seven (7) working days is permitted.