



**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.**