ST. VRAIN VALLEY SCHOOLS
academic excellence by design

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
Communications 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_____