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 ______________