

# REQUEST FOR RECORDS/INSPECTION/COPIES

## Aspen Consolidated Sanitation District

(1.) Name of Requesting Party	Date	
Address		
Phone	Fax	Cell
(2.) Description of Record Sought: (include name and date)		
(3.) NO PERSONNEL RECORDS WILL BE CONSIDERED FOR REVIEW OR RELEASE UNLESS ONE BOX IS CHECKED: Is the person requesting the record(s), the same as that person about whom the record was written? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," is checked, please provide a signed, written release for such records. NO REVIEW OF MEDICAL RECORDS WILL BE ALLOWED WITHOUT A SIGNED RELEASE FROM THE PARTY IN INTEREST.		
(4.) Copies requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(5.) Review/Release Approved/Denied (C.R.S. § 24-72-204) Reason for Denial:		
Custodian's Signature _____		Date: _____
ALL PAPER RECORDS (8-1/2 X 11) ARE SUBJECT TO A FEE OF \$.25 PER PAGE, PAYABLE IN ADVANCE. COPIES OF OTHER RECORDS MAY BE SUBJECT TO ADDITIONAL SPECIFIC FEES.		
Total Pages Copied:	Amount Due \$	

Aspen Consolidated Sanitation District  
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