Public Records Request

Date

8/26/2024

Requester Information

First Name *

Adam

Last Name *

Howell

Phone Number (?)

Email *

athowell@gmail.com

Address

Street Address

Address Line 2

City

Durango

State / Province / Region

Colorado

Postal / Zip Code

Country

Request Details

Records Requested: *

Describe the specific public records being sought.

Please provide a copy of the most recent credit card billing statement for the La Plata County Health Department.

Please provide a copy of the most recent invoices and receipts for the safe smoking supplies (glass meth pipes and straws) that La Plata County Health Department purchased for its Harm Reduction Program.

If you need to provide an attachment with your request, please contact the Administration Office at: 970-382-6214

Please specify the date range for the information you are requesting. *

January 1, 2024 through August 25, 2024

Preferred Method of Delivery *

E-mail

Please indicate how you wish to receive the requested records.

PLEASE NOTE: $33.58 per hour will be charged for the compilation, research and redaction of data. If the records request can be completed in one hour or less, no fee will be charged