Request for Public Records in the Custody of Attorney Regulation Counsel.

| Name: |
|---|
| Organization: |
| Mailing address: |
| |
| Phone number: |
| Alternate phone number: |
| Email address: |
| Concise description of records requested: |
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| |
| Format requested (e.g. paper, electronic/pdf): |
| |
| Date: |
| Signature of Requestor |
| |
| *Incomplete contact information could delay the response to your request. |
| *Overly broad or vague requests may lead to additional cost to the requestor. |
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Any request must be submitted by hand or U.S. mail to Records Clerk, Office of Attorney Regulation Counsel, 1300 Broadway, Suite 500, Denver, CO 80203.