



PUBLIC RECORDS REQUEST

If your request exceeds over 1 hour of staff time you will be contacted prior to proceeding for authorization to continue. **Time in excess of first hour will be at \$33.58 per hour per CRS 24-72-205(6)(b).** Deposit may be required. All fees must be paid in full prior to release of records.

Signature _____ Date _____

REQUESTOR INFORMATION	
Your Name:	
Company Name:	
Email Address:	Phone:
If request is related to a planned development or complex you must provide <u>all individual</u> addresses that you are seeking records or information for. Information is only provided for specific addresses identified on this form.	
Subject or Address(s):	
Indicate Records Requested and/or Provide Other Details PLEASE BE SPECIFIC	<input type="checkbox"/> Certificate(s) of Occupancy <input type="checkbox"/> Active / Open Zoning Code Violations <input type="checkbox"/> Prior Zoning Code Violations <input type="checkbox"/> Active / Open Building Code Violations <input type="checkbox"/> Prior Building Code Violations <input type="checkbox"/> Building Permit(s) <input type="checkbox"/> RFPs for Bids: _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <div style="float: right;"> <input type="checkbox"/> Site Plan(s) <input type="checkbox"/> Active / Open Fire Code Violations <input type="checkbox"/> Last Annual Fire Inspection <input type="checkbox"/> Vendor Listing <input type="checkbox"/> Hazardous Material Event Reporting <input type="checkbox"/> Zoning Verification Letter </div>
Reason for Request:	
Date Range:	_____ to _____
Documents will be emailed to you or uploaded to Box.com for your retrieval Copies - \$.25 per page after 20 pages, CD's / Flash Drives - \$5, Certified Copies - \$1 per page RECORD REQUESTS ARE COMPLETED WITHIN 3 BUSINESS DAYS UNLESS AN EXTENSION IS WARRANTED	
FOR TOWN USE ONLY	
RCVD BY DEPT _____	<input type="checkbox"/> Email <input type="checkbox"/> In Person RCVD BY CLERK _____ <input type="checkbox"/> Email <input type="checkbox"/> In Person
DUE DATE: _____	<input type="checkbox"/> Notified of 7 day extension _____ <input type="checkbox"/> Denied
DATE SENT TO REQUESTOR _____	<input type="checkbox"/> Email <input type="checkbox"/> Box.com