

# TOWN OF SILT

Request for Information  
Pursuant to the Colorado Open Records Act

DATE OF REQUEST: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PHONE#: \_\_\_\_\_

DESCRIPTION OF THE INFORMATION DESIRED: \_\_\_\_\_

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**I understand that there will be a minimum charge of .25 cents per page for copies provided to honor this request, and that a research fee may apply for large requests.**

\_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
(Do not write below this line – This section to be completed by Town Staff)

RESPONSE DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

METHOD OF DELIVERY: \_\_\_\_\_

NUMBER OF PAGES: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DENIAL OF REQUEST AND BASIS FOR DENIAL (If Applicable):

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(Pursuant to the Colorado Open Records Act, the Town of Silt has 72 hours in which to respond to this request; A copy of this form should be maintained in the Department office, and the original returned to the Town Manager)