



Public Records Request

Request for Information
Pursuant to the Colorado Open Records Act

Name: _____ Date: _____

Address: _____ Town: _____

State: _____ Zip code: _____ Phone: _____

Email address: _____ Fax number: _____

Detailed description of the information desired: _____

Purpose of request: _____

The Town of Silt will respond to this request pursuant to C.R.S. §24-72-203 within three working days. This may be extended by seven working days for extenuating circumstances, to include the records being in active use, in storage or otherwise not readily available.

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 request.

Signature

Staff Use Only:

Date received: _____ Time received: _____ Date completed: _____

Number of pages: _____ Method of delivery: _____ Cost: _____

Other info provided: _____

Amount prepaid: _____ Form of payment(s): _____

Completed by: _____ Title: _____

If denied, basis for denial: _____