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: ____________________________________________________________