TOWN OF WESTCLIFFE PUBLIC

RECORDS REQUEST

PLEASE PRINT

Name:			
Date of Request:			
Address:			_
Town:	State:	Zip:	_
Phone: Day	Evening		
Email:			_

INSTRUCTIONS

- Indicate the information you desire and/or list each requested document.
 Please be as specific as possible. Allow three (3) working days for a search
 of the records. Per the State of Colorado Open Records Act (C.R.S. 24-72203), if the request is substantially large or is maintained off-site, an
 extension of seven (7) working days is permitted. You will be notified within
 three (3) days of any extension and all estimated costs.
- 2. Please select the format in which you prefer to receive materials. NOTE: the delivered format is ultimately within the sole discretion of the Records Custodian:
 - 1. View only; no copies requested. Appropriate personnel will be scheduled to accompany you during the viewing.
 - 2. Hard copies/printouts
 - 3. CD*
 - 4. email*

*not all documents are available electronically. Data manipulation fees may apply.

- 3. Please select the method you prefer for notification when the records are available:
 - U.S. First Class mail
 - I will pick up the records. Please notify me of the records' availability by (circle one):
 - o Mail
 - o Phone
 - o Email
 - Please email me the records if records are available electronically. If records are not available by email, please specify an alternate method:

I agree to pay the charges incurred in processing this request pursuant to the schedule of fees and charges currently in place, including, if necessary, any amounts exceeding the estimates set forth above. This request will be considered received when this form is complete, and the deposit is paid. If no deposit is required, the request shall be considered received upon receipt by the Records Custodian.

Signature of Requestor	
Date of Request	Time of Request