TOWN OF SAGUACHE
PUBLIC RECORDS REQUEST

PLEASE PRINT

Name: _____

Date of Request: _____

Address: _____

City: _____ 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. 24-72-203), 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.

_____

_____

_____

Please select the format in which you would like to receive materials:
View only, no copies requested.
Appropriate personnel will be scheduled to accompany you during viewing.

Hard copies/printouts
CD* email* *not all documents are available electronically. Data manipulation fees may apply.

Please select the method you prefer for notification when the records are available:

☐ U.S. First Class mail

☐ I will pick up the records

☐ Contact me by (circle one)   mail   phone   email (if records are available electronically)

☐ If records are not available by email, please specify an alternate method: _____

Exhibit A

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 and time of request

Received by: _____ Date/Time: _____

Estimated charges:

Hard Copy: Copies @ 25 cents per page   _____

        CD Copies @ $20.00 each   _____

        Other: _____   _____

Retrieval and Research: _____ hours X $_____ per hour = $_____

                         Total $ _____

Deposit required: $_____
For Town residents, one half of the estimated total, if in excess of $10.00
For non-Town residents, 100% of the estimated total, if in excess of $10.00

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Request completed by: _____ Date: _____

Method of delivery: _____

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Request denied by: _____ Date: _____

Reason(s) for denial:

_____

_____

Exhibit A