



TOWN OF ELIZABETH

OPEN RECORDS REQUEST

PLEASE PRINT

Name of person requesting information: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Name of company represented: _____

Date of request: _____ Time of request: _____

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, an extension of seven (7) working days is permitted. You will be notified prior to the end of the three-day period of any extension and all estimated costs. A modification of the request is considered a new request.

Please do not write below this line

Staff will provide an estimate for any research time and copies involved, and a 50% to 100% deposit will be required prior to processing the request.

Amount of deposit required: \$_____.



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Research Fees: \$30.00 per hour, after the first hour

Black & white copies: \$0.25 per one-sided page; color copies \$0.35 per one-sided page

Charges: _____ copies @ \$0.25/page \$ _____

Charges: _____ copies @ \$0.35/page \$ _____

Research: _____ hours x \$30.00 per hour \$ _____

TOTAL \$ _____

Reasons for any denial of request:

Town of Elizabeth
151 S. Banner Street
P O Box 159
Elizabeth, Co. 80107
303-646-4166
moeser@townofelizabeth.org

Date of response: _____
Time of response: _____