

TOWN OF MOUNTAIN VIEW

Request for Public Records

Pursuant to the Colorado Open Records Act and/or the Colorado Criminal Justice Records Act

Date of Request: _____ Time: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

Check here if you would prefer your request emailed to you. (The Town may not be able to fulfill such a request)

Description of records requested:

Affirmation: I understand there may be a charge associated with this public records request I understand the Town will provide an estimate of that charge and I agree to pay a 50% deposit upon receipt of that estimate. I also agree to pay for the final costs before inspection or receipt of the public records. A copy of the Town's public records policy is available by contacting the Town Clerk at 303-421-7282.

For a records request subject to the Colorado Criminal Justice Records Act, I hereby verify by affixing my legal signature to this form that record(s) I obtain will not be used for direct solicitation of any business for pecuniary (financial) gain pursuant to Colorado Revised Statute § 24-72-305.5.

Signature

Printed Name

Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Date & Time Received: _____

Date Records Made Available: _____ Method of Delivery: _____ Dates Records Were Inspected: _____

Staff Time for Research & Retrieval: _____

(NOTE: First one (1) hour of research time: no charge; \$30.00 per hour thereafter)

Number of Pages: _____ Cost per Page: _____

Estimated Cost: _____ Actual Cost: _____ Amount Paid: _____

Request Completed By: _____ Title: _____

Denial of Request and Basis for Denial (if applicable): _____

Comments: _____

