



**Town of Lochbuie
Public Records Request**

Email Form to: hbowen@lochbuie.org or Fax to: 303-655-9312

Requested By: _____ Date/Time of Request: _____

Address: _____ City/Town: _____ State: _____

Zip: _____ Phone: _____ Email Address: _____ Fax: _____

Records Requested: (please be specific as to what information you are requesting so that your request can be filled in a timely manner and to ensure you get the correct information)

Request to: _____ Inspect _____ Receive Copies

Means of Notification: _____ Mail _____ Pick Up _____ E-Mail

Cost Estimate:

Having received the cost estimate I choose to confirm my request for the records described and agree to pay the charges at the time records are made available. If over \$20.00, I understand I must provide security to pay for the cost incurred to obtain the records.

_____ Yes _____ No _____ Cancel Request

Requestor's Signature: _____

Date: _____

Office Use Only

Fee: No ___ Yes ___ # of pages: _____ \$ _____ per page Other Cost \$ _____ Total Cost \$ _____

Date Request Completed: _____ Request Completed by: _____

Distribute:

Mail _____ E-Mail _____ Date Mailed/E-Mailed _____ Initials _____

Pick Up _____ Date Picked Up _____ Initials _____

Approved _____ Denied _____

Denial of Request and basis for denial:

FEES:

\$0.25/page standard copy \$2.00/page larger copy \$1.00/page color copy
\$33.58 per hour for research

Pursuant to §24-72-203, C.R.S., public records shall be open for inspection by any person at reasonable times unless excepted by law. A reasonable time is presumed to be three (3) working days or less. If extenuating circumstances exist, an additional seven (7) working days may be added. A complete description of the policies and procedures and fees associated with an open request for records is set forth in the Town of Lochbuie's Open Records Policy.