

OPEN RECORDS REQUEST

PLEASE PRINT

Name of person requesting inform	nation:			
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.



Clerk Use:

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: \$_____.

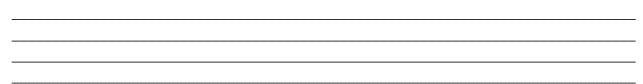


Research Fees: \$33.58 per hour, after the first hour

Black & white copies: \$0.25 per one-sided page; color copies \$.35 per one-sided page

Charges: copies @	\$0.25/page	\$
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Research: hours x \$33	3.58 per hour	\$
Thumb Drive: @ \$10	@ \$10.00 each	
	TOTAL	\$

Reasons for any denial of request:



Town of Kiowa 404 Comanche St. P O Box 237 Kiowa, Co. 80117 303-621-2366 kiowa@townofkiowa.com Date of response:______ Time of response:______