



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.

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: \$_____.



TOWN OF KIOWA

Research Fees: \$41.37 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 \$ _____

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

Research: _____ hours x \$41.37 per hour \$ _____

Thumb Drive: _____ @ \$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: _____