TOWN OF MONUMENT PUBLIC RECORDS REQUEST

PLEASE PRINT LEGIBLY:

Name: _____ Date:_____ Time: _____

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

E-Mail Address: _____

Contact Phone: _____ Fax: _____

Please complete this form in its entirety to assist us in a timely response to your Public Records Request. Please list each requested document on individual lines and be specific in your application. Include any special requests. All requests will be met to the best of the custodian's ability. Not all documents can be scanned, emailed, faxed or copied as requested. The custodian will not create records for the purpose of any request. Records requests will be completed without unnecessary delay to the requester and without unnecessary interference with the regular duties of the custodian. Any denial for requests will be made in writing; defining the reason for such denial.

Please refer to the Town of Monument Fee Schedule and the Colorado Open Records Act pertaining to response times regarding your request. By signing this request you agree to all fees associated with the request and understand the response time for such request. Requests will not be made available until fees have been paid in full.

Requested document (1): _____

☐ Electronic ☐ B/W ☐ Color ☐ Fax ☐ Certified ☐ Audio ☐ Photograph

Requested document (2): _____

☐ Electronic ☐ B/W ☐ Color ☐ Fax ☐ Certified ☐ Audio ☐ Photograph

Requested document (3): _____

☐ Electronic ☐ B/W ☐ Color ☐ Fax ☐ Certified ☐ Audio ☐ Photograph

Requested document (4): _____

☐ Electronic ☐ B/W ☐ Color ☐ Fax ☐ Certified ☐ Audio ☐ Photograph

Requested document (5): _____

☐ Electronic ☐ B/W ☐ Color ☐ Fax ☐ Certified ☐ Audio ☐ Photograph

Signature: _____

FOR TOWN USE ONLY

Audio Recording

Amount		Fee	$

Certified Copies

Amount		Fee	$

Photos

Amount		Fee	$

Copy Fee/Photocopies – Black/White

Amount		Fee	$

Color Copy

Amount		Fee	$

Amount		Fee	$

Amount		Fee	$

Research/Date gathering time/Off site retrieval

Amount		Fee	$

Faxes (once copied); original will not be faxed

Amount		Fee	$

TOTAL FEE	$

Date Received by Town: _____ **Time Received by Town:** _____

Routed to Department: ☐ **Clerk** ☐ **Planning** ☐ **PW** ☐ **PD** ☐ **TM** ☐ **Attorney** ☐ **Other**

Request completed by: _____ **Date:** _____ **Time:** _____

Request denied by: _____ **Date:** _____ **Time:** _____

Notes: _____

Request sent to requester: ☐ **Electronically** ☐ **Hard Copy** ☐ **Copy of all documents to Clerk**