



Request For Records

This form is to be utilized to request copies or review documents in the possession of the City of Canon City, subject to the provisions and restrictions of the Open Record Act (C.R.S. Article 72). Copies are subject to applicable charges. Copy charges may vary for records that require extensive preparation, retrieval or research efforts involving staff time of 15 minutes or more. Where total charges are in excess of \$10, prepayment is required. Cost estimates shall be provided to the customer prior to providing the services requested and payment shall be rendered prior to the commencement of work.

Requestor Information:

Name: _____ Date of Request: _____

Company (if applicable): _____

Address: _____ E-mail (optional): _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Record Requested:

Description of and/or Specific Information Being Requested:

Reason for Requesting Information: _____

Requestor's Signature: _____ Date: _____

For Official Use Only Below This Line:

___ Approved ___ Denied If denied, reason (if applicable): _____

Date set to review: _____

Authorized: _____ Processed by: _____ Date: _____
City Clerk or City Administrator

Summary description of documents provided/reviewed:

Estimate or Actual Costs:

Other: _____ = \$ _____

Copies: ___ pages x \$ _____/page = \$ _____

Copies: ___ pages x \$ _____/page = \$ _____

Copies: ___ pages x \$ _____/page = \$ _____

Sales Tax – 6.4% \$ _____

Labor: ___ hours x \$ _____/hour = \$ _____

Total Charges: \$ _____

Estimate approved by requestor:

By: _____

Date: _____

Prepayment required?: Y N Prepayment received: Date: _____ Amount: _____