

# Request for Records



This form is to be utilized to request copies or review documents in the possession of the City of Cañon City, subject to the provisions and restrictions of the Open Record Act (C.R.S. Article 72). For records relating to the Police Department and Colorado Criminal Justice Records Act, please contact the Police Department. For records relating to the Municipal Court, please contact the Municipal Court.

Copies are subject to applicable charges. Copy charges may vary for records that require extensive preparation, retrieval, or research efforts involving staff time following the first hour. 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.

\*\*\*Return completed requests to [cityclerk@canoncity.gov](mailto:cityclerk@canoncity.gov)\*\*\*

## Requestor Information: (Please print all information.)

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Record Requested:

Description of and/or specific information being requested:

\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Estimate or Actual Cost:

Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Price: \_\_\_\_\_

Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Price: \_\_\_\_\_

Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Price: \_\_\_\_\_

Research/Retrieval Time: \_\_\_\_\_ x \$33 after first hour: \_\_\_\_\_

Total Charge: \_\_\_\_\_

Prepayment: \_\_\_\_\_ Date Received: \_\_\_\_\_

### Basic Fee Schedule

8 ½ x 11 B&W \$0.25 per page

8 ½ x 11 Color \$1.00 per page

8 ½ x 14 B&W \$0.50 per page

8 ½ x 14 Color \$1.25 per page

11 x 17 B&W \$1.00 per page

11 x 17 Color \$2.00 per page

Flashdrive \$10.00 + labor charges

\_\_\_\_\_  
Approved \_\_\_\_\_ Denied with reason: \_\_\_\_\_

Summary description of documents provided/reviewed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_