

TOWN OF MORRISON

321 Highway 8, Morrison, Colorado 80465, Phone: 303-697-8749, Fax: 303-697-8752
aneverdahl@morrisonco.us

PUBLIC RECORD REQUEST

Name: _____ Date: _____

Address: _____ Town: _____

State: _____ Zip Code: _____ Daytime Phone: _____

E-mail Address: _____ FAX Number: _____

Copies Requested :	Yes []	No []
Inspection Only:	Yes []	No []
CD Requested (for meetings only) :	Yes []	No []

INSTRUCTIONS

Please provide a detailed description of the public records requested. Please be as specific as possible.

Pursuant to §24-72-203 C.R.S. three (3) working days may be required to retrieve the records. This may be extended by seven (7) working days for extenuating circumstances, including the records being in active use, in storage or otherwise not readily available, or for requests for a large category of records that cannot be retrieved within three days due to an impending deadline in the office of the Clerk or that would substantially interfere with the Clerk's obligation to perform his/her other public responsibilities.

REQUEST MAY BE FAXED (303-697-8752) or EMAILED aneverdahl@morrisonco.us, Attention Town Clerk

[Please note – all faxed or e-mailed requests must be followed up with a phone call to be sure the request was received.]

Charges: (See attached fee schedule)

Copies: \$0.25 per page (standard pages) _____ = _____

actual cost (nonstandard pages) _____ = _____

Research and retrieval (after first hour) \$33.58/hr. _____ = _____

_____ = _____

Total = \$ _____

Staff Use Only

Date Received: _____ Time Received: _____

Date Completed: _____ Time Completed: _____ Completed By: _____

Summary of Response: _____
