

## PUBLIC RECORD REQUEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Copies Requested : Yes [ ] No [ ]  
Inspection 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 EMAILED [cchristensen@morrisonco.us](mailto:cchristensen@morrisonco.us), Attention Town Clerk**

Charges: (See fee schedule below)  
Copies: \$0.25 per page (standard pages) \_\_\_\_\_ = \_\_\_\_\_  
actual cost (nonstandard pages) \_\_\_\_\_ = \_\_\_\_\_  
Research and retrieval (after first hour) \$30.00/hr. \_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ = \_\_\_\_\_  
**Total = \$ \_\_\_\_\_**

Staff Use Only
Date Received: _____ Time Received: _____
Date Completed: _____ Time Completed: _____ Completed By: _____
Summary of Response: _____
_____
_____