

**TOWN OF WELLINGTON, COLORADO**

**Request for Information Pursuant to the Town of Wellington Policy and Procedures Regarding Access to Public Records Pursuant to the Colorado Open Records Act**

Date of Request: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Requesting Party: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please select the format in which you would like to receive materials:

- View Only
- Hard Copies/Printouts
- Email/File Transfer

\*not all documents are available electronically. Data manipulation fees may apply.

Description of records requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By signing this request, the requesting party acknowledges that, pursuant to Article VI of the Town's Policy and Procedures Regarding Access to Public Records Pursuant to the Colorado Open Records Act, the requesting party understands that reasonable charges may be made for copies requested and that additional charges may be made for staff time when extensive research is necessary to locate a particular document or documents and/or to prepare documents for release. Research and retrieval fees are chargeable after the first hour.*

Do you want the Town to provide you an estimate of these costs prior to incurring such costs as a pre-condition to processing your request?      Yes    No

Signature of requesting party: \_\_\_\_\_



(The following to be completed by a Town Representative)

Response Date and Time: \_\_\_\_\_

Method of Delivery: \_\_\_\_\_

Number of Copies (if any): \_\_\_\_\_ Charge for copies: \_\_\_\_\_ Research charge: \_\_\_\_\_

Deposit required: \_\_\_\_\_ Date deposit received: \_\_\_\_\_ TOTAL AMOUNT PAID: \_\_\_\_\_

*In the event the Town denies any request, evidence of such denial and the basis therefore will be provided in writing to the requesting party.*

Town of Windsor Staff Signature: \_\_\_\_\_