CITY OF MONTROSE
REQUEST FOR PUBLIC RECORDS

Name: ____________________________________________
Company Name: ____________________________________
Address: __________________________________________
Phone Number: _____________________________________
Email Address: _____________________________________
Detailed description of Records Requested: ____________________________

Preferred Method of Delivery: □ E-mail    □ Pick-Up    □ U.S. Mail    □ On Site Review

Signature ___________________________ Date ___________________

Production of requested records shall be in accordance with the State Open Records Act. Copies shall be provided for a fee of $.25 per page, $25.00 per media (disk/CDROM/tape, etc., plus tax) unless the actual cost exceeds that amount; research and retrieval charges will be in compliance with Colorado State Statutes and Chapter 9 of the City of Montrose Records Management Manual. The customer is responsible for the cost of postage. Advance payment may be required.

Response time pursuant to the Colorado Open Records Law:
24-72-203-The date and hour set for the inspection of records not readily available at the time of the request shall be within a reasonable time after the request. As used in this subsection (3), a “reasonable time” shall be presumed to be three working days or less. Such period may be extended if extenuating circumstances exist. However, such period of extension shall not exceed seven days. A finding that extenuating circumstances exist shall be made in writing by the custodian and shall be provided to the person making the request within the three-day period.

Date Received: _______________ Time Received: _______________ Initials: _______________

APPROVAL/DENIAL:
□ APPROVED      □ APPROVED WITH CONDITIONS      □ DENIED

Comments: ____________________________________________

______________________________
Staff Signature

Number of Pages Provided: ____________
Request Filled By: ____________________
Date Filled: ________________

Amount pre-paid:        Total:                Amount due:

______________________________
Signature of Person Receiving Requested Records

Date & Time

DM #1698-v8
REV: 04/2016