

# INFORMATION REQUEST FORM

**To:** Town of Norwood, Norwood Water Commission, Norwood Sanitation District. P.O. Box 528 , Norwood, CO 81423 Fax (970) 327-0451.

**From:** \_\_\_\_\_

**P.O. Box Address** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Material Requested:**

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

**Copies:** 25 cents per page (double sided 50 cents).  
**Faxes:** \$1.00 per page.  
**Research:** \$25.00 per hour. 1 hour minimum.  
**Copies of Tapes:** \$5.00 per tape with tape provided by customer.  
**Postage:** If Information Request is Mailed.

By signing this document you are acknowledging the above statement of all personal information is correct. Your request will be processed with in a reasonable amount of time. The total amount due will be received prior to the release of information. Failure to sign this document may result in your request for information being denied.

**Signature of Requesting Party:** \_\_\_\_\_

**Date Request was Processed:** \_\_\_\_\_ **Granted/Denied:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date Mailed:** \_\_\_\_\_