



# REQUEST FOR INFORMATION

## *Pursuant to the Colorado Open Records Act*

*Allow three (3) working days for search and completion of records.*

**Requests should be sent to the Town Clerk at [cross@norwoodtown.com](mailto:cross@norwoodtown.com) or sent to the mailing address above.**

Name of Requesting Party: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

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

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

### COST/FEES

SERVICE	FEE
Gathering, reviewing, researching, and redacting documents up to 1 hour	Free
Gathering, reviewing, researching, and redacting documents per hour after 1 hour	\$41.37 per hour – 15-minute increments
Copies	\$0.25 per 8½ x 11 *documents/plans larger – actual cost
Emailed	Compilation time
USB Stick	\$5.00 plus compilation time
Postage	Actual cost

### INSTRUCTIONS

*Please indicate the information you desire and list each requested document specifically. Please be as specific as possible. Allow three (3) working days for search and completion of records.*

**REQUESTED DOCUMENTS OR INFORMATION:** \_\_\_\_\_

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

*By signing you agree to the costs and fees that may be associated with this request.*

Requesting Party Signature: \_\_\_\_\_

**↓ STAFF FILL OUT INFORMATION BELOW ↓**

**DEPOSIT NEEDED:**  NO  YES in the amount of: \$ \_\_\_\_\_ - **Paid On:** \_\_\_\_\_ **with** \_\_\_\_\_

Date Request Received: \_\_\_\_\_ By: \_\_\_\_\_

**Payment Received On:** \_\_\_\_\_ **with** \_\_\_\_\_

➤ Date Request Completed: \_\_\_\_\_ By: \_\_\_\_\_