PO Box 528; 1670 Naturita St, Norwood, CO 81423

Phone: 970-327-4288 - Fax: 970-327-0451; www.norwoodtown.com

## **REQUEST FOR INFORMATION**

## Pursuant to the Colorado Open Records Act

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

Name of Requesting Party:	1	Date of Request:
Physical Address:		
Mailing Address:		
Phone Number:		
	<b>COST/FEES</b>	
SERVICE		FEE
Gathering, reviewing, researching, and reda	acting documents up to 1 hour	Free
Gathering, reviewing, researching, and redacting documents per hour after 1 hour		\$30.00 per hour – 15-minute increments
Copies		\$0.25 per 8½ x 11
		*documents/plans larger – actual cost
Emailed		\$1 plus compilation time and copy fee
USB Stick		\$5.00 plus compilation time
Postage		Actual cost
By signing you agree to the costs and	l fees that may be associated with t	this request.
Requesting Party Signature:		
ST	TAFF FILL OUT INFORMATION BE	clow
DEPOSIT NEEDED: NO YE	ES in the amount of: \$ Paid	d On: with
Date Request Rec	ceived:By:	
Payment Ro	eceived On: wi	th
Date Request Completed:	By:	