



OFFICE OF THE TOWN CLERK
RECORD/DOCUMENT REQUEST FORM

Contact Person: _____

Business Name: _____

Address: _____

Phone # (during business hours): _____ Fax #: _____

Email: _____

DOCUMENTS BEING REQUESTED. Be as specific as possible including whether you require signed copies, certified copies, exhibits or other attachments (attach additional sheets if necessary): _____

(Do Not Write Below This Line - This section to be completed by the Town or Records Clerk)

Date Received: _____ Time Received: _____ a.m./p.m.

Number of Pages Requested: _____ Estimated Time to Search, Retrieve & Copy: _____ hours

Cost Paid in Advance: \$ _____ By: _____ Title: _____

Response Date: _____ Response Time: _____

Notification to Request Individual to pick up: Date: _____ Time: _____ a.m./ p.m.

Person who was notified: _____ How Notified: Phone Email

Denial of Request and basis for denial (If Applicable):

(Pursuant to the Colorado Open Records Act, the Town of Ault has 72 hours in which to respond to this request.)