TOWN OF GREEN MOUNTAIN FALLS, COLORADO

10605 Green Mountain Falls Road, PO Box 524
Green Mountain Falls, CO 80819
719-684-9414

REQUEST FOR INFORMATION PURSUANT TO THE COLORADO OPEN RECORDS ACT
All record requests should be initiated through the Town Clerk's Office.

NOTE: A deposit equal to the estimated costs of responding to a records request shall be submitted to the Town Clerk. A minimum deposit of $30 will be required at the time of request. This deposit will be applied to the cost of time to search for records in excess of an hour, along with the cost of copies @ .25 cents per copy, if applicable.

PLEASE PRINT

Date of Request_____ Time:_____

Name: _____ Address: _____

City:_____ State:_____ Zip Code: _____

Phone: Day:_____ Evening _____

Copies Requested: Yes _____ No _____

SIGNATURE:_____

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INSTRUCTIONS

Indicate the information you desire and list each requested document. Please be as specific as possible. Allow three (3) business days, from the time deposit is paid, for a search of the records.

_____

_____

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_____

(For staff use only)

Charges: _____ copies @ $.25 per page $_____

Research: _____ X $ _____ $_____
Hours in excess of 1 hour hourly rate $30.00

TOTAL CHARGES: $_____

Request completed by:_____ Date:_____

Request denied by:,_____ Date:_____