

TOWN OF HUGO, COLORADO PUBLIC RECORDS REQUEST

PLEASE PRINT

Name: _____ Date of Request: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: Day _____ Evening _____

Copies requested: Yes _____ No _____

If No, appropriate staff personnel will be scheduled to accompany you during your viewing of original Town records and research charges will be assessed at : up to the first hour free, after that is will be \$20.00 per hour.

INSTRUCTIONS

Indicate the information you desire and/or list each requested document. Please be as specific as possible. Allow three (3) working days for a search of the records. Per the State of Colorado Open Records Act (C.R.S. 24-72-203), if the request is substantially large, an extension of seven (7) working days is permitted. You will be notified prior to the three (3) days of any extension and all estimated costs.

Charges: _____ Copies @ \$.25/page _____
_____ Mailing Expenses _____
Research: _____ X _____
number of hours hourly rate _____
Total: _____

Request completed by: _____ Date _____

Request denied by: _____ Date _____

(Give reason(s) below)
