

**TOWN OF FOWLER
PUBLIC RECORDS REQUEST**

PLEASE PRINT

Name of person requesting information: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Name of company requestor represents, if any: _____

Date of request: _____ Time of request: _____

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 end of the three-day period of any extension and all estimated costs. A modification of the request is considered a new request.

Staff will provide an estimate for any research time and copies involved, and a 50% deposit will be required prior to processing the request.

Amount of deposit required: \$ _____

Research Fee: \$30.00 per hour, after the first hour
Black and white copy fee: 25 cents per one-sided page

Charges: _____ copies @ \$.25/page \$ _____

Research: _____ (no. of hours) x \$30.00 per hour \$ _____

Total: \$ _____

Reasons for any denial of request:

