

TOWN OF EATON, COLORADO
Request for Information under the Colorado Open Records Act pursuant to
the Town of Eaton Policy Regarding Access to Public Records

Date of Request: _____ Time: _____
Name of Requesting Party: _____
Address: _____
Email: _____
Telephone Number (during business hours): _____ FAX #: _____

DESCRIPTION OF RECORDS REQUESTED:

By signing this request, the requesting party acknowledges that, pursuant to the Town of Eaton's Policy Regarding Access to Public Records under the Colorado Open Records Act, reasonable charges may be made for copies requested and additional charges may be made for staff time when extensive research is necessary to locate a particular document or documents and/or to prepare a documents for release. Research and retrieval fees are chargeable after the first hour.

Do you want the Town to provide you an estimate of these costs *prior to incurring such costs as a pre-condition to processing your request?* Yes _____ No _____

Signature of requesting party: _____

(Following to be completed by a Town Representative)

Response date _____ Response time _____ Method of
Delivery _____

Number of Copies (if any) _____ Charge for copies _____ Research
charge _____

Deposit required _____ Date deposit received _____ TOTAL AMOUNT
PAID _____

Town of Eaton Staff Signature: _____