



TOWN OF NEDERLAND PUBLIC RECORDS REQUEST

PLEASE PRINT

Name: _____

Date of Request: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____

Email: _____

INSTRUCTIONS

1. 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 or is maintained off-site, an extension of seven (7) working days is permitted. You will be notified within three (3) days of any extension and all estimated costs.

2. Please select the format in which you prefer to receive materials. NOTE: the delivered format is ultimately within the sole discretion of the Records Custodian:

- View only, no copies requested. Appropriate personnel will be scheduled to accompany you during viewing.
- Hard copies/printouts
- USB Drive*
- Email*

*not all documents are available electronically. Data manipulation fees may apply.

3. Please select the method you prefer for notification when the records are available:

- U.S. First Class mail

I will pick up the records. Please notify me of the records' availability by (select one):

- Mail
- Phone
- Email

- Please email me the records, if records are available electronically.

If records are not available by email, please specify an alternate method:

I agree to pay the charges incurred in processing this request pursuant to the schedule of fees and charges currently in place, including, if necessary, any amounts exceeding the estimates set forth above. This request will be considered received when this form is complete and the deposit is paid. If no deposit is required, the request shall be considered received upon receipt by the Records Custodian.

Signature of Requestor

Date of Request Time of Request

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For Staff Use Only

Received by: _____ Date/Time: _____

Estimated charges: _____

Fees (based on current fee schedule):

Hard Copy: Copies @ 25 cents per page _____

USB Drive @ \$20.00 each _____

Other: _____

Retrieval and Research: _____ hours X \$25 per hour = \$_____

Research and legal consultation performed by Town Administrator or legal: _____ hours X \$50 per hour = \$_____

Total \$ _____

Deposit required: \$_____

For Town Residents, one half of the estimated total, if in excess of \$10.00

For non-Town Residents, 100% of the estimated total, if in excess of \$10.00

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Request completed by: _____ Date: _____

Method of delivery: _____

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Request denied by: _____ Date: _____

Reason(s) for denial:

