



Public Records Request Form

COMPLETE CONTACT INFORMATION

Requestors Name: _____ **Company Name:** _____

Date Submitted: _____

Mailing Address: _____ **Street Address:** _____

Email Address: _____ **Phone Number:** _____

SELECT RECORD FORMAT

Format Requested:

Desired Retrieval Method:

IDENTIFY TYPES OF RECORD REQUESTED

Please list the Information desired and/or list each requested document.

Please be as specific as possible.

You may attach a letter indicating the requested public records.

I have read the Town of Silverthorne Public Records Policy and agree to pay all charges incurred in accordance with such Policy and fee schedule.

Signature of Person Requesting Public Record(s)

Date

Request may be faxed to 970-262-7312 OR e-mailed to townclerk@townofsilverthorne.org

Note: please contact the Town Clerk at 970-262-7304 to ensure public records request was received by Clerk's Office.

Fee Schedule:

- A. First hour of research & retrieval shall be free.
- B. \$30 per hour for additional time devoted to searching for requested information.
- C. Cost of postage or courier to be paid for by requesting party.
- D. No charges for transmitting public records via email, provided that requesting party may be charged staff time associated with research and retrieval of the requested records.

Staff Use Only

Date Received: _____ Completed by: _____

Date Completed: _____

Charges: To be completed by Records Custodian

Amount Prepaid \$ _____ Balance Due before Release \$ _____

Total Amount Paid \$ _____

Remarks or Summary of Response

If denied, reasons include: