

**TOWN OF GRAND LAKE
REQUEST FOR PUBLIC RECORDS
INSTRUCTIONS AND INFORMATION**

1. In Section I, describe in detail the public records that you wish to inspect or have copied. Use a separate sheet if necessary. Indicate whether you wish to inspect the public records at Town Hall during business hours or to have the public records copied by checking the appropriate box.
2. By submitting this request form, you are agreeing to pay the Town of Grand Lake, in advance of receiving copies of any public records, the fees set forth in Section II.
3. In Section III, indicate the purposes for which you are requesting the public records identified in Section I.
4. The Town of Grand Lake will not mail copies of public records except upon receipt of advance payment of the actual cost of postage and staff time to prepare the mailing. If you wish to request mailing of the requested records, you must complete and separately sign the statement set forth in Section IV.
5. You must provide the information requested in Section V.
6. You must sign the statement set forth in Section VI.

The Town of Grand Lake will disclose the public records requested on the Request For Public Records form within seven working days after the completed receipt of this Request Form, unless the three-day period is extended due to extensive research that requires additional time or the request is denied. The requestor will be informed of any denials or extensions.

**TOWN OF GRAND LAKE
REQUEST FOR PUBLIC RECORDS**

I. Request for Records

I hereby request the right to inspect, or to obtain copies of the following public records of the Town of Grand Lake:

Records Requested	Inspect	Copied
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Agreement to Pay Fees

I agree to pay the following fees for all public records copied at my request:

1. Copies – 8 1/2” x 11” -- \$0.25 per side.
2. Staff Time/Research & Copying -- \$30.00 per hour after the 1st hour

I further acknowledge and agree that if additional services are required to produce any public record, I shall pay the actual charges that the Town incurs in connection with such production services.

III. Purpose of Request

I am requesting access to the public records identified in Section I above for the following purpose:

- _____ Research
- _____ Commercial Use
- _____ Other (Please Specify) _____

IV. Request for Mail Delivery

I request that the Town of Grand Lake mail to me at the address set forth in Section V below copies of all public records responsive to this request. I understand that I will be required to, and do hereby agree to, pay the actual postage for such mailing before the records will be mailed.

Signature of Requestor

V. Identification of Requestor

A. Name of Requestor: _____

B. Address:

C. Telephone Number of Requestor:

VI. Signature of Requestor

By signing this Request, I acknowledge and represent that I have reviewed and understood the Town of Grand Lake requirements for release of public records and that all of the information provided is true and accurate.

Signature of Requestor

Date

Town of Grand Lake Use Only

Date Request Received: _____

Response Due Date: _____ (Three working days after day of receipt of request)

Date Completed: _____

Name of employee responsible for compiling request: _____

Method of Delivery:

Mail _____ Amount Paid: _____

Review/Office Pick up _____

Copies:

Number: _____ Amount Paid: _____

Staff Time:

Hours: _____ @ \$30.00 per hour after the 1st hour = _____ Amount Paid: _____