



Town of Keenesburg
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burg, Colorado
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Received By _____
Date Received _____
Time Received _____

Request for Information
Pursuant to the Colorado Open Records Act

(Pursuant to the Colorado Open Records Act, the Town of Keenesburg has 72 hours in which to respond to this request.)

Date of Request _____ Time _____
Name _____
Address _____
Phone No. _____

Description of information desired, please be sure to be as detailed as possible. Lack of information can result in denial of request _____

FOR OFFICE USE ONLY

Response Date _____ Response Time _____

(The receipt of this request by the Town is determined by the date/time stamp on the top section.)

Method of Delivery _____ Number of Pages _____ Amount Paid _____

Response Fulfilled by _____ Title _____

Description of items included in response or reason for denial _____

