TOWN OF MORRISON
321 Highway 8, Morrison, Colorado 80465, Phone: 303-697-8749, Fax: 303-697-8752

PUBLIC RECORD REQUEST

Name: ____________________________ Date: ____________________________
Address: __________________________ Town: ____________________________
State: __________ Zip Code: ___________ Daytime Phone: __________________
E-mail Address: ____________________ FAX Number: ____________________
Copies Requested : Yes [ ] No [ ]
Inspection Only: Yes [ ] No [ ]
CD Requested (for meetings only) : Yes [ ] No [ ]

INSTRUCTIONS

Please provide a detailed description of the public records requested. Please be as specific as possible.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Pursuant to §24-72-203 C.R.S. three (3) working days may be required to retrieve the records. This may be extended by seven (7) working days for extenuating circumstances, including the records being in active use, in storage or otherwise not readily available, or for requests for a large category of records that cannot be retrieved within three days due to an impending deadline in the office of the Clerk or that would substantially interfere with the Clerk’s obligation to perform his/her other public responsibilities.

REQUEST MAY BE FAXED (303-697-8752) or EMAILED lpaav@morrisonco.us, Attention Town Clerk

[Please note – all faxed or e-mailed requests must be followed up with a phone call to be sure the request was received.]

Charges: (See attached fee schedule)
Copies: $0.25 per page (standard pages) = __________________
      actual cost (nonstandard pages) = __________________
Research and retrieval (after first hour) $30.00/hr. = __________________

Total = $ __________________

Staff Use Only
Date Received: _______________ Time Received: _______________
Date Completed: ___________ Time Completed: ________ Completed By: ___________
Summary of Response: ____________________________________________________________
______________________________________________________________________________