

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:
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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 Breckenridge 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
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Request may be faxed to 970-547-3138 OR e-mailed to websiteclerk@townofbreckenridge.com

Note: please contact Municipal Services at 970-547-3127 to ensure public records request was received by Clerk's Office.

Fee Schedule: <ul style="list-style-type: none">A. First hour of research & retrieval shall be free.B. \$25 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: