

**TOWN OF MEAD
OPEN RECORDS REQUEST**

Date: _____

Time: _____

Please be specific as to what information you are requesting so that your request can be filled in a timely matter and to ensure that you get the correct information.

Subject to the Colorado Open Records Act, I/We the undersigned hereby request the following documents (or portions thereof) as specified below:

<u>Description of Document</u> (Add supplemental pages as necessary)	<u>Inspection Only or Copy</u>	<u>Number of Copies Desired</u>
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I/We agree to pay the Town of Mead for copies at the rate of \$.10 per page, unless actual costs exceed this amount. If the total cost exceeds \$5.00, I/we agree to pay in advance.

Print Name/Organization

Signature

Address

Daytime Phone Number

City/State/Zip Code

Fax Number if applicable

OFFICE USE ONLY

Town Clerk/or Representative Comments:

Date Promised	Time	Initial
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Date Completed	Time Expended	Completed by/Department
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Town Attorney Approval, If Required	# of Pages & Amount of Fee
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If you are denied access you may request a written statement of the grounds for the denial.

Fee Schedule:

- B&W Copies: \$.10 per page (up to 11 x 17 paper copied on the Town's machine)
- Color Copies: Actual cost + 15% + time
- B&W Maps: Actual cost + 15% + time
- Mylars: Actual cost + 15% + time
- Photographic reproductions: Actual cost + 15% + time
- Research/Retrieval Services: \$20.00/hour, pro-rated (minimum 1 hour charge)
- Tapes: Actual cost + 15% + time
- Town Attorney: \$150.00/hour, pro-rated
- Certified copies: \$1.00 additional per document