



Town of Milliken
Request for Public Records

Please list specifically what documents you want reproduced and in what form. Allow three (3) working days for a search of the records. Per the State of Colorado Open Records Act (C.R.S. 24-72-703), if the request is substantially large, an extension of seven (7) working days is permitted. You will be notified prior to the three (3) days of any extension and all estimated costs.

Please Print

Requested By: _____ Date/Time of Request: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Email Address _____ Phone No.: _____

Detailed description of records requested: _____

Request To: _____ Inspect _____ Receive Copies

Means of Notification: _____ Mail _____ Pick Up _____ Electronic (if Available)

Requestor's Signature: _____ Date: _____

Having received the cost estimate I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available. If over \$50.00, I understand I must provide security to pay for the cost incurred to obtain the records. _____ Yes _____ No – Cancel Request

Requestor's Signature: _____ Date: _____

Office Use Only

Fee: No _____ Yes _____ Other Costs \$ _____ Total Cost \$ _____

Date Request Completed: _____

Approved: _____ Denied _____

If denied, provide reason(s): _____

Request Completed by: _____

Distribute

Mail _____
Pick Up _____
Electronic _____

Date Mailed _____
Date Picked Up _____
Date E-mailed _____

Initials _____
Initials _____
Initials _____