

Gilpin County

Request for Information / Records

Pursuant to the Colorado Open Records Act

Request Date: _____ Time: _____

Name of Requesting party: (PLEASE PRINT) _____

Address: _____

City / State / Zip: _____ Phone: _____

Please make available to me the following Records / Information. I understand that once my request is received, the County of Gilpin has 3 business days in which to produce such records – such period may be extended if extenuating circumstances exist. I further understand that once my request is processed, I am responsible for the cost involved in producing requested material. There will be a minimum charge of \$.25 per page for records photocopied. Staff time may also be charged if necessary.

1. _____
2. _____
3. _____
4. _____

Give a brief description of record / information requested – attach additional sheets if needed.

DO NOT Write below this line. – This section to be completed by County Staff.

Response Date: _____ Time: _____

Method of Delivery: _____ Number of Pages: _____ Amount Pd: _____

By: _____ Title: _____

Because of legally sensitive material, some requests cannot be accommodated:

Denial of Request and Basis for Denial: _____

