

TOWN OF RYE

REQUEST FOR INFORMATION

PURSUANT TO THE COLORADO OPEN RECORDS ACT

Please print:

Date of Request _____

Name of person requesting information: _____

Address of person requesting information: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Copies Request: Yes _____ No _____

Name of company requestor represents: _____

Indicate the information you desire and/or list each requested document. Please be as specific as possible. _____

Signature of person requesting information _____

Date of request received _____ Time of request _____

The Town of Rye will respond to this request for information within three working days, per 24.72.203 C.R.S or, in the case of extenuating circumstances, the response period may be extended by seven working days. A modification of the request is considered a new request.

Staff will provide an estimate of the research time and copies and a 50% deposit will be required.

Charges: _____ copies @ \$.25 = \$ _____

Research _____ hours x \$20.00 hour \$ _____

Mileage _____ .585 per mile \$ _____

Total Charges \$ _____

TOWN OF RYE
P.O. BOX 236
RYE, CO 81069
719-489-2011

Request completed/denied by: _____
Date of response _____
Time of response _____
Reason for denial _____