



PUBLIC RECORD REQUEST

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone: _____

E-mail Address: _____ Fax: _____

Copies Requested Yes [] No []
 CD Requested Yes [] No []

INSTRUCTIONS

Please indicate the information desired and/or list each requested document. Please be as specific as possible.

Pursuant to §24-72-203 C.R.S. three (3) working days may be allowed for a search of records. This may be extended by seven (7) working days for extenuating circumstances, to include the records being in active use, in storage or otherwise not readily available.

Records are available for viewing between the hours of 8:30 a.m. and 4:00 p.m.

REQUEST MAY BE FAXED OR EMAILED TO:

719-336-2787, Attn: City Clerk – linda.williams@ci.lamar.co.us

(Please note – all faxed or e-mailed requests must be followed up with a phone call to be sure it was received.)

Charges: (See attached fee schedule)

_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____
Total		\$ _____

Staff Use Only		
Date Received: _____	Time Received: _____	
Date Completed: _____	Time Completed: _____	Completed By: _____