

**Town of Blue River
Public Record Request Form**

Request maybe emailed to: info@townofblueriver.org

NOTE: Confirmation of receipt is required for emailed requests

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone: _____

Email: _____

Inspection Only Requested: Yes No
Hard Copies Requested: Yes No
CD or Electronic Copies Requested: Yes No
Desired Retrieval Method: Pick-up Mailing Email

Please indicate the information desired and/or list each requested document. Please be as specific as possible. (You may attach a letter indicating the requested public records)

Please note that all emailed requests must receive a confirmation of receipt email from the Records Custodian.

I have read the Town of Blue River, Colorado Open Records Policy, and agree to pay all charges incurred in accordance with such Public Records Policy and the attached fee schedule:

Signature of Person requesting Public Record(s)

Charges: (To be completed by the Records Custodian and attached as invoice)

Total: \$ _____

Date Received: _____ Time Received: _____

Date Completed: _____ Time Complete: _____ Completed By: _____

Summary of Response:
