



# Record Request Form

## COMPLETE CONTACT INFORMATION

Date Submitted: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## SELECT FORMAT

Format Requested: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

**IDENTIFY THE RECORD(S) REQUESTED. Please list the Information desired and/or list each requested document. Please be as specific as possible.** You may attach a letter indicating the requested record(s).

I have read the Town of Silverthorne Open Records Policy and agree to pay all charges incurred in accordance with such Policy and fee schedule.

\_\_\_\_\_  
Signature of Person Requesting Public Record(s)

\_\_\_\_\_  
Date

Request may be e-mailed to [townclerk@silverthorne.org](mailto:townclerk@silverthorne.org)

**Submit to Town Clerk**

### Fee Schedule:

- A. First hour of research & retrieval shall be free.
- B. Up to \$41.37 per hour for additional time devoted to searching for requested information.
- C. Cost of postage or courier to be paid for by requesting party.
- D. No charges for transmitting public records via email, provided that requesting party may be charged staff time associated with research and retrieval of the requested records.

### Staff Use Only

Date Received: \_\_\_\_\_ Completed by: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Charges:** To be completed by Records Custodian

Amount Prepaid \$ \_\_\_\_\_ Balance Due before Release \$ \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_

### Remarks or Summary of Response

If denied, reasons include: \_\_\_\_\_