



CITY OF VICTOR
P. O. Box 86, Victor, CO 80860
719-689-2284

Date of Request _____ Time: _____

Name _____

Home Phone _____ Mobile or Business Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Detailed description of records requested _____

Format Requested: Inspect Copy Electronic File

Signature of Applicant

Date

PURSUANT TO THE COLORADO OPEN RECORDS ACT, THE CITY WILL RESPOND TO THIS REQUEST WITHIN 3 WORKING DAYS. THE ORIGINAL OF THIS FORM WILL BE RETAINED BY THE CITY CLERK.

FOR OFFICE USE ONLY

Anticipated Time for Record Retrieval: _____ Estimated Fee: \$ _____ Deposit \$ _____

Response Date and Time: _____ Method of Response: _____

By: _____ Title: _____

Denial of Request and Basis for Denial: _____

Number of Pages: _____ Number of Hours: _____ Method of Delivery _____

Total Fee: \$ _____ Less (Deposit): \$ _____ Total Due at Deliver: \$ _____