

**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 (free of charge)

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 Public Records Policy, dated April 14, 2015, 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:
