GRANBY SANITATION DISTRICT
REQUEST FOR INFORMATION
PURSUANT TO THE COLORADO OPEN RECORDS ACT

PLEASE PRINT

Name:_____ Date of Request:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone: Day:_____ Evening:_____

Copies Requested: Yes:_____ No:_____

SIGNATURE:_____

INSTRUCTIONS

Indicate the information you desire and/or list each document requested. Please be as specific as possible. Allow three (3) working days for a search of the records.

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FOR STAFF USE ONLY

Charges:

_____ - copies @ $0.25 per copy for standard page
_____ - ___ pages faxed @ $1.00 per page
_____ - mail/delivery service charge
_____ - copies of photographs @ $0.25 per photo
_____ - Copies of video tape/DVDs
_____ - Other charges**
_____ - Research _____ hours x $30.00 per hour (excluding first hour)

TOTAL CHARGES: $_____

** Listing of other charges:_____
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Request completed by:_____ Date:_____

Request denied by:_____ Date:_____

Reasons for Denial:
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