

**Town of Crested Butte
Record/Document Request Form**

Contact Person: _____

Business Name: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

Email Address: _____

Date of Request: _____ Time of Request: _____

RECORDS BEING REQUESTED. Be as specific as possible, including whether you require signed copies, certified copies, exhibits or other attachments (attach additional sheets if necessary).

FOR TOWN USE ONLY: Cost Estimate

Photocopies: ___ pages @ \$.25 per page = \$_____

Research/Retrieval Fees (per hour for requests requiring more than 15 minutes time):

___ Staff hours @ \$25.00 = \$_____ and/or ___ Attorney hours @ \$110 = \$_____

Other Fees: _____

Total Cost Estimate: \$_____

Having received the foregoing cost estimate, I choose to confirm my request for the records described above. By my signature below, I agree to pay the charges at the time the records are made available. If the estimate is \$50 or more, I understand that a \$50.00 deposit is required.

Signature

Date

Deposit received _____
Initials and Date

Final Amount Paid _____

Date Paid _____