



*Town of Holly*

# PUBLIC RECORDS REQUEST

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### IDENTIFY TYPES OF RECORD REQUESTED

Indicate the information you desire and/or list each requested document. Please be as specific as possible. Allow three (3) working days for a search of the records. Per the State of Colorado Open Records Act (C.R.S. 24-72-203), a "reasonable time" shall be presumed to be three working days or less. Such period may be extended if extenuating circumstances exist. However, such period of extension shall not exceed seven working days. You will be notified within three (3) days of any extension and all estimated costs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SELECT RECORD FORMAT

Please select the format in which you prefer to receive materials. (NOTE: the delivered format is ultimately within the sole discretion of the Records Custodian.)

- View only, no copies requested. Appropriate personnel will be scheduled to accompany you during viewing.
- Hard copies/printouts
- CD (not all documents are available electronically. Data manipulation fees may apply.)

**DESIRED RETRIEVAL METHOD**     Pickup     US Postal Service     Email

*I have read Town of Holly Resolution 2024-5 and agree to pay all charges incurred in accordance with the Standard Fees and Charges.*

\_\_\_\_\_  
*Signature of Requestor*

\_\_\_\_\_  
*Date*

### **FOR STAFF USE ONLY**

Received by \_\_\_\_\_ Date/Time \_\_\_\_\_

Request completed by \_\_\_\_\_ Date/Time \_\_\_\_\_

Charges

Amount prepaid \$ \_\_\_\_\_ Balance due before release \$ \_\_\_\_\_ Total paid \$ \_\_\_\_\_

Request denied by \_\_\_\_\_ Date/Time \_\_\_\_\_

Reason \_\_\_\_\_