

City of Creede, A Colorado Town  
Public Records Request

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Method of Delivery: (In person, US Mail, Electronic)

\_\_\_\_\_

Indicate the information you require and/or list each requested document. Please be as specific as possible. Allow three (3) working days for a search of the records. Per State of Colorado Open Records Act (C.R.S. 24-72-203), if the request is substantially large, an extension of seven (7) working days is permitted. You will be notified prior to the three (3) days of any extension and all estimated costs. Public records requested in person or by US mail are \$0.25/per page. Records requested electronically or for viewing only are free of charge. Time expended in connection with the research and retrieval of public documents will be free of charge for the first hour required and will be charges at a rate of \$30.00 per hour for any time spent in excess of one hour.

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Please submit this record request in person at 2223 N. Main Street, by Mail to P.O. Box 457 or by emailing to [clerk@creedetownhall.com](mailto:clerk@creedetownhall.com).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Record Request Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Request completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Request denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Approved by: \_\_\_\_\_