

**TOWN OF EATON, COLORADO**  
**Request for Information under the Colorado Open Records Act pursuant to**  
**the Town of Eaton Policy Regarding Access to Public Records**

Date of Request: \_\_\_\_\_ Time: \_\_\_\_\_  
Name of Requesting Party: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone Number (during business hours): \_\_\_\_\_ FAX #: \_\_\_\_\_

DESCRIPTION OF RECORDS REQUESTED:

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

*By signing this request, the requesting party acknowledges that, pursuant to the Town of Eaton's Policy Regarding Access to Public Records under the Colorado Open Records Act, reasonable charges may be made for copies requested and additional charges may be made for staff time when extensive research is necessary to locate a particular document or documents and/or to prepare a documents for release. Research and retrieval fees are chargeable after the first hour.*

Do you want the Town to provide you an estimate of these costs *prior to incurring such costs as a pre-condition to processing your request?* Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of requesting party: \_\_\_\_\_

---

(Following to be completed by a Town Representative)

Response date \_\_\_\_\_ Response time \_\_\_\_\_ Method of  
Delivery \_\_\_\_\_  
Number of Copies (if any) \_\_\_\_\_ Charge for copies \_\_\_\_\_ Research  
charge \_\_\_\_\_  
Deposit required \_\_\_\_\_ Date deposit received \_\_\_\_\_ TOTAL AMOUNT  
PAID \_\_\_\_\_

Town of Eaton Staff Signature: \_\_\_\_\_