



# TOWN OF WILLIAMSBURG

Some Bigger, None Better

## Request for Records

**\*\*\*Return completed requests to Clerk@WilliamsburgColorado.com\*\*\***

### Requestor Information: (Please print all information.)

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

Company Name (if applicable): \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

### Record Requested:

The request should be specific enough to allow identification of the records requested including, if available, title, date (year, month, day if possible) and the department which may hold the records:

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Requestor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Form Desired:  Inspection only,  Copies,  Printouts,  Photographs,  Digital/Electronic

Method of Response:  Pickup,  Mail,  Fax,  Email,  Thumb Drive,  Other/Specify \_\_\_\_\_

Date and Time Needed: \_\_\_\_\_

**\*The time for inspection or provision of records shall be within three (3) working days of the date of request unless extenuating circumstances exist.**

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## INVOICE

Copies are subject to applicable charges. Copy charges may vary for records that require extensive preparation, retrieval, or research efforts involving staff time following the first hour. Where total charges are in excess of \$10, prepayment is required. Cost estimates shall be provided to the customer prior to providing the services requested and payment shall be rendered prior to the commencement of work.

### Estimate or Actual Cost:

- \_\_\_\_\_ Letter size copies \$.25/page (first 5 copies free)
- \_\_\_\_\_ Thumb Drive \$1.50 ea \*plus cost of thumb drive provided by town
- \_\_\_\_\_ Extra charge for collating, binding, manual stapling, etc.
- \_\_\_\_\_ Staff research, First 15 minutes free, then \$15/15 minutes, maximum \$30/hour
- \_\_\_\_\_ Accounting, engineering, or professional consultant research and preparation time \$\_\_\_\_/hour
- \_\_\_\_\_ Attorney's legal research and preparation time \$200/hour
- \_\_\_\_\_ Other costs/specified
- \_\_\_\_\_ **TOTAL**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied with reason: \_\_\_\_\_

Summary description of documents provided/reviewed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Collected by/Delivered to: \_\_\_\_\_ Date: \_\_\_\_\_