



Town of Ignacio
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REQUEST FOR INFORMATION

Pursuant to the Colorado Open Records Act

PLEASE PRINT

NAME: _____ DATE OF REQUEST: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

INSTRUCTIONS

Indicate the information you desire and/or list each requested document. Please be as specific as possible. Allow three (3) working days for search of the records.

Charges:

_____	Copies: \$.20 per page (up to 11"x17")	_____
_____	Research: \$30.00 per hour (1 hour minimum)	_____
_____	Electronic format: \$1.00 + compilation time	_____
_____	Scanned: \$1.00 + compilation time	_____
_____	Printed and scanned: \$1.00 + data compilation time + paper copy fee	_____
_____	Video: \$1.00 + data compilation time	_____
_____	Required Deposit: estimated cost of work	_____

Request completed by: _____ Date: _____

Request denied by: _____ Date: _____

Date Deposit Received: _____ Initials: _____

Date Payment Received: _____ Initials: _____