



Town of Foxfield
 P. O. Box 461450, Foxfield, CO 80046
 clerk@townoffoxfield.com
 303-680-1544

Open Records Request

Name: _____ Date of Request: _____

Company (if applicable): _____

Address: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Licensed Business Planning/Zoning Info Other
 Minutes Financial Records

Specific Information Requested:

Reason for Requesting Information: _____

Requestor's Signature: _____ Date: _____

All requests for public records will, under normal circumstances, be processed within three (3) business days of the date requested in accordance with the Colorado Open Records Law. Where total charges are in excess of \$10, prepayment is required. Payment shall be rendered prior to the commencement of work.

By signing this form, I agree to the terms and fees therein. I am not requesting official public records for the purpose of solicitation of business or for pecuniary gain.

Requestor's Signature _____ **Date** _____

Please see back of this form for fee schedule.

Internal use only:

Amount pre-paid:	Amount due:	ID Verified by:
Reason for denial of inspection:	<input type="checkbox"/> Contrary to State Statute <input type="checkbox"/> Prohibited by rules of the court	<input type="checkbox"/> Contrary to public interest <input type="checkbox"/> _____