



**CITY OF VICTOR**  
**P. O. Box 86, Victor, CO 80860**  
**719-689-2284**

Date of Request \_\_\_\_\_ Time: \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile or Business Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

**Detailed description of records requested** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Format Requested: Inspect  Copy  Electronic File

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PURSUANT TO THE COLORADO OPEN RECORDS ACT, THE CITY WILL RESPOND TO THIS REQUEST WITHIN 3 WORKING DAYS. THE ORIGINAL OF THIS FORM WILL BE RETAINED BY THE CITY CLERK.

***FOR OFFICE USE ONLY***

Anticipated Time for Record Retrieval: \_\_\_\_\_ Estimated Fee: \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_

Response Date and Time: \_\_\_\_\_ Method of Response: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Denial of Request and Basis for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Pages: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Method of Delivery \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_ Less (Deposit): \$ \_\_\_\_\_ Total Due at Deliver: \$ \_\_\_\_\_