345 Market Street
Meeker, CO 81641
970-878-5344
970-878-4513

Request for Inspection/Copying of Records

Contact Person:_____

Business Name:_____

Phone Number:_____ Fax Number:_____

Mailing Address:_____

Email Address:_____

Date of Request:_____ Time of Request: _____

RECORDS BEING REQUESTED. Be as specific as possible, including whether you require signed copies, certified copies, exhibits or other attachments (attach additional sheets if necessary).

_____

_____

_____

_____

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_____

Payment: The Town of Meeker accepts payments in the form of cash or checks made payable to the Town of Meeker.

FOR TOWN USE ONLY

Cost Estimate: _____ pages @ $0.25 = $_____

Research Time _____ hrs. @ $20.00 hr. = _____

Other Fees: _____

Total Cost Estimate: $_____ Payment Rec'd: $_____ Initials: _____

Having received the foregoing cost estimate, I choose to confirm my request for the records described above. By my signature below, I agree to pay the charges at the time the records are made available. If the estimate is $50 or more, I understand payment must be made in full prior to retrieval.

_____ _____
Signature Date

By law, the Town of Meeker has three (3) business days to provide documents for in-office review or to supply copies of requested documents. Every effort will be made to produce documents before that time. Some records may require seven (7) business days to release if extenuating circumstances exist.