Gilpin County
Request for Information / Records
Pursuant to the Colorado Open Records Act

Request Date: ___________________________ Time: ___________________________

Name of Requesting party: (PLEASE PRINT) ______________________________________

Address: _____________________________________________________________________

City / State / Zip: ___________________________ Phone: _________________________

Please make available to me the following Records / Information. I understand that once my request is received, the County of Gilpin has 3 business days in which to produce such records – such period may be extended if extenuating circumstances exist. I further understand that once my request is processed, I am responsible for the cost involved in producing requested material. There will be a minimum charge of $.25 per page for records photocopied. Staff time may also be charged if necessary.

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

4. _______________________________________________________________________

Give a brief description of record / information requested – attach additional sheets if needed.

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DO NOT Write below this line. – This section to be completed by County Staff.

Response Date: ___________________________ Time: ___________________________

Method of Delivery: _________________ Number of Pages: ________ Amount Pd: __________

By: ______________________________________ Title: _______________________

Because of legally sensitive material, some requests cannot be accommodated:

Denial of Request and Basis for Denial: __________________________________________

________________________________________________________________________

________________________________________________________________________


A copy of this form should be maintained in the department receiving the request. Rev. 07/07