



**Town of Milliken**  
**Request for Public Records**

All requests for public records will, under normal circumstances, be processed within 3 business days of the date requested in accordance with the Colorado Open Records Law

Date Received Stamp

Please Print

Requested By: \_\_\_\_\_ Date/Time of Request: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Specific Records Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Purpose of Request: \_\_\_\_\_ Court Case \_\_\_\_\_ Personal Information \_\_\_\_\_ Other (Please Specify)

\_\_\_\_\_

Request To: \_\_\_\_\_ Inspect \_\_\_\_\_ Receive Copies

Means of Notification: \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_ Electronic (if Available)

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Having received the cost estimate I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available. If over \$50.00, I understand I must provide security to pay for the cost incurred to obtain the records. \_\_\_\_\_ Yes \_\_\_\_\_ No – Cancel Request

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Fee: No \_\_\_\_\_ Yes \_\_\_\_\_ per page Other Costs \$ \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Date Request Completed: \_\_\_\_\_ Request Completed by: \_\_\_\_\_

Denial of Request and basis for denial: \_\_\_\_\_

**Distribute**  
Mail \_\_\_\_\_ Date Mailed \_\_\_\_\_ Initials \_\_\_\_\_  
Pick Up \_\_\_\_\_ Date Picked Up \_\_\_\_\_ Initials \_\_\_\_\_  
Electronic \_\_\_\_\_ Date E-mailed \_\_\_\_\_ Initials \_\_\_\_\_