RECORDS REQUEST FORM

The Records Request Form is used to record a formal request for an inspection of public records in the custody of the Town of Hudson.   Upon completion by the requesting party, the Records Request Form will be retained.

Name: _____ Date: _____

Address: _____ Phone Number: _____

_____ Alt Phone Number: _____

Email: _____ Case Number (if applicable): _____

Document Requested:

_____

_____

Reason for Request:

_____

Desired Format: ☐ View Only, no copies requested*   ☐ Hard Copies/Printouts

                    ☐ CD   ☐ Email

*Appropriate personnel will be scheduled to accompany you during viewing.

Response time pursuant to the Colorado Open Records Law:
24-72-203 – The date and hour set for the inspection of records not readily available at the time of the request shall be within a reasonable time after the request.   As used in this subsection (3), a "reasonable time" shall be presumed to be three working days or less.   Such period may be extended if extenuating circumstances exist. However, such period of extension shall not exceed seven days. A finding that extenuating circumstances exist shall be made in writing by the custodian and shall be provided to the person making the request within the three-day period.
Access to and Denial of Records pursuant to the Colorado Open Records Law:
24-72-305.5 – Records of official actions and criminal justice records and the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain.   The official custodian shall deny any person access to records of official actions and criminal justice records unless such person signs a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

By signing this form, I acknowledge that I have read and understand the above Colorado revised state statutes.   I am not requesting official actions or criminal justice records for the purpose of solicitation of business or for p pecuniary gain.

Applicant Signature   _____ **Date** _____

OFFICE USE:
Amount pre-paid: _____   Amount Due: _____ ID Verified by: _____