Town of Gypsum
Open Records Request Form
Pursuant to the Colorado Open Records Act

PLEASE PRINT:
Name: _____ Date Received_____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Copies Requested: Yes_____ No_____

Signature:_____

INSTRUCTIONS
Indicate the information you desire and/or list each requested document. Please be as specific as possible. Allow three (3) working days for a search of records.

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April 9, 2009

(For staff use only)

Charges:

_____-copies $_____

Research: _____x_____ $_____
Hours rate

Request completed by:_____ Date_____

Request denied by:_____ Date_____

(Give reason(s)below)

_____
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All records requests should be initiated through the Town Clerk's office.