



City of Dacono
512 Cherry Street
Dacono, CO 80514
Phone: 303.833.2317
cityofdacono.com

REQUEST FOR INSPECTION/COPYING OF RECORD

Date of request: _____ Time of request: _____ AM/PM

Please print clearly:

Name of requestor: _____

Company (if applicable): _____

Address: _____

Email: _____

Daytime Phone #: _____

Document Description (please be as specific as possible):

Purpose of request:

Court Case Personal Information Other (please specify)

Format of copies: Paper or Electronic

Certified Paper Copies? Yes No (if yes, there will be a fee of \$1.25 per page)

I understand if the estimated cost to obtain the records is greater than \$10, I must provide a deposit equal to the estimated cost. If the actual cost is greater than the deposit, I agree to pay the additional charges at the time the records are made available.

Signature

Date

For City Clerk Use Only

Responsible Department: _____

Availability: Paper Copy Electronic Format

Cost Estimate: _____ of pages @ \$.25/page \$ _____

Research/Retrieval Fees \$30/hour in excess of one hour \$ _____

Total Cost Estimate \$ _____