

CHEYENNE COUNTY CLERK & RECORDER

P.O. Box 567, 51 South 1st Cheyenne Wells, CO 80810 Website: www.co.cheyenne.co.us Phone: (719) 767-5685 Fax: (719) 767-8730

Open Records Request Form

	Requestor Information Name:					
Compan						
Telephoi	ne:		Fax:			
2. Reques	ted Records					
Please be matter an	e as specific as nd specific nam	ossible in describing the requested records. Include a date or date range, the subject of person or documents.				
reprodifollows Per Page Media: \$ Personner informat	Cost: 25 cents for CD, \$10 Varies by no ion takes more Due Date: Pay	equestor) hereby agrees to associated with this Colora is (black and white copies only) flash drive. For security purpoumber of hours and hourly rate than 2 hours; will commence nument is due prior to delivery of ail, hand pick up, email; (reque	or email. Cost for Ausses we cannot use your (will only charge personal horizontal personnel personnel personnel horizontal personnel horizontal personnel personn	Act (CORA) requadio: \$25 per meeting flash drive or CD. connel cost if gathering urs after first 2 hour	ng ng requested rs)	
Requestor Signature:			Date:			
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Record request 1	eceived by:		on	(date) at	(time)	
Date Ready:		Number of Pages:	Staff Hours:	@ \$	(Rate)	
Date requester v	as notified:	Method of ( Kequestor shall	delivery (mail, hand pio	ck up, email):		
Charge for mail	ng records: \$	(Requestor shall	specify type of mailing	process if mailed)		
Total Cost \$	I	Payment Received:	(date) Type of Pa	yment:		
Signature of Co	ounty Represe	ntative:		Date:		