

Public Records Request Form



| SECTION A - COMPLETE CONTACT INFORMATION | |
|--|-------------------------------------|
| Request may be faxed or emailed to : | Vail Records Custodian (Town Clerk) |
| fax # 970-479-2157 | email skauffman@vail.gov |
| Note: Please contact Stephanie Kauffman at 970-479-2460 to ensure public records request was received by Clerk's Office. | |
| Requestors Name: | Company Name: |
| Date Requested: | |
| Mailing Address: | |
| Email Address: | Phone Number: |

SECTION B - SELECT RECORD FORMAT

Please (x) applicable items:

| | Yes | No | |
|------------------------------------|--------|------|-------|
| Inspection Only Requested: | | | |
| Hard Copies Requested: | | | |
| CD or Electronic Copies Requested: | | | |
| Desired Retrieval Method: | pickup | mail | email |

SECTION C - IDENTIFY TYPES OF RECORD REQUESTED

Please list the Information desired and/or list each requested document.

Please be as specific as possible.

You may attach a letter indicating the requested public records.

- 1
- 2
- 3
- 4
- 5

I have read the Town of Vail Public Records Policy and agree to pay all charges incurred in accordance with such Policy and fee schedule.

Signature of Person Requesting Public Record(s)

Date

Fee Schedule:

- A. First hour of research & retrieval shall be free.
- B. \$30 per hour for additional time devoted to searching for requested information.
- C. Cost of postage or courier to be paid for by requesting party.
- D. No charges for transmitting public records via email, provided that requesting party may be charged staff time associated with research and retrieval of the requested records.

Staff Use Only

| | |
|--|-------------------------------------|
| Date Received: _____ | Completed by: _____ |
| Date Completed: _____ | |
| Charges: To be completed by Records Custodian | |
| Amount Prepaid \$ _____ | Balance Due before Release \$ _____ |
| Total Amount Paid \$ _____ | |
| Remarks or Summary of Response | |
| If denied, reasons include: | |