

# RECORDS ACCESS REQUEST FORM

Requestor's Name \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No. \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with the Colorado Open Records Act, CRS 24-72-203 and 24-72-204, of the State of Colorado, I am requesting to \_\_\_\_\_ View \_\_\_\_\_ Copy the following records(s), described specifically as:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe these record(s) are collected, filed, and/or used by the following City Department:

\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit this form by email to the City Clerk at [kristen@arvada.org](mailto:kristen@arvada.org), by fax: 720-898-7515 or by mail to City Clerk, 8101 Ralston Road, Arvada, CO 80002.