



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

Applicant name: _____

Applicant Address: _____

Email Address: _____

Daytime Phone #: _____

Description of document: _____

Purpose of request:

Court Case Personal Information Other (please specify)

Certified Copy? Yes No

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 \$ _____

Having received the foregoing cost estimate, I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available. If over \$10, I understand I must provide a deposit to pay for the cost incurred to obtain the records.

Yes No – Cancel request

Signature

Date