

**TOWN OF PAGOSA SPRINGS
PUBLIC RECORDS REQUEST**

PLEASE PRINT

Name: _____ Date of Request: _____

Address: _____ Town _____ State: _____ Zip: _____

Phone: Day: _____ Evening: _____

Copies requested: Yes _____ No _____

INSTRUCTIONS

Indicate the information you desire and/or list each requested document. Please be as specific as possible. Allow 3 working days for a search of the records.

Charges:
_____ copies @ \$0.25 per page = _____
_____ copies @ actual cost = _____

Research: _____ hours* x \$30 _____

*not including first hour

Total: _____

Request completed by: _____

Request denied by: _____

(Give reason(s) below)

