CITY OF LAKEWOOD PUBLIC RECORDS REQUEST FORM

ALL REQUESTS FOR PUBLIC RECORDS MUST BE SUBMITTED TO THE CITY CLERK’S OFFICE IN WRITING
Fax to 303-987-7088, email to rostat@lakewood.org, or mail/hand-deliver to Lakewood City Clerk, 480 S. Allison Pkwy, Lakewood, CO 80226

(For Police/Criminal Justice records, see http://www.lakewood.org/policerecords/ and click on Police Records Request Form; for Municipal Court records, go to http://www.lakewood.org/Forms/Municipal_Court/Record_Requests_Form.aspx)

REQUESTOR INFORMATION (Please Print):

Name: ___________________________ Date of Request: _______________

Address: ___________________________________________________________

City: ____________________________ State: _____ Zip Code: __________ 

Email: ___________________________ Phone: ___________________________

How would you like the records:

Hard Copies: (See Fee Schedule) _________ OR Electronic Copies _________

Instructions:
Please list and describe below, as specifically as possible, each record you are requesting. If you are unsure of the precise record(s) you need, please describe, as specifically as possible, the nature, timeframe or date range, parties, and subject matter of the record(s). If the record(s) relates to one or more parcels of real property, you must provide the complete address or other identifying information of such property/ies. Please allow at least three (3) working days for a response to your request.

(See other side)
**Basic Fee Schedule for Public Records Requests – City of Lakewood**  
(a complete fee schedule is available on [here](#) or from the City Clerk’s Office)

<table>
<thead>
<tr>
<th>Fees &amp; Charges - General</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Copies – standard page</strong> <em>(defined as a document created from word processing, generated onto paper sized 8 ½ x 11 to 11” x 17” from a non-color printer)</em></td>
<td><strong>$0.25/page</strong></td>
</tr>
<tr>
<td>✦ Copy, printout, or photograph in a format other than a standard page</td>
<td>Actual cost to the City</td>
</tr>
<tr>
<td>✦ Request for data in a form not used by the City</td>
<td>Actual cost to the City</td>
</tr>
<tr>
<td>✦ Research and Retrieval</td>
<td>Actual time spent in excess of one hour x $33.58/hour</td>
</tr>
</tbody>
</table>
|   • A 50% advance deposit may be required for public records requests that will require significant staff time and resources to complete.  
   • A 100% advance deposit may be required for requests from persons who have made previous records requests and not paid or not come in to view the requested information. |}

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**For staff use only:**

Request completed by: __________________________  Date ________________

Request denied by: _____________________________  Date ________________

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The Colorado Open Records Act, C.R.S. §§ 24-72-201, *et seq.*, identifies certain records that may, or must, remain confidential and closed to public inspection. Your request to view records may be denied pursuant to the provisions of C.R.S. §24-72-204.

Reason(s) for denial: