



THE CITY OF ASPEN

**REQUEST FOR PUBLIC RECORDS**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Detailed Description of Records Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Requested

\_\_\_\_\_  
City Attorney Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Initials

\_\_\_\_\_  
Date Complete

\_\_\_\_\_  
Amount Due