



Records Request Form

City Use Only

Routine (WHITE) Non- Routine (YELLOW)

City of Aurora

Email: municipalrecords@auroragov.org

Fax: 303-739-7520

REQUESTOR'S INFORMATION

Name: _____ Company Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

DETAILED DESCRIPTION OF DOCUMENT(S) BEING REQUESTED:

I understand that documents requested in accordance with City of Aurora Administrative Policy Memorandum 4.9 requires that I must pre-pay all applicable fees set forth in the current fee schedule, including any research/data extraction time. I also understand that by the nature of the document, access may be denied or limited.

City Use Only (Below)

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Municipal Records Use	City Department Use
Received By:	Received By:
Remarks:	Date Completed:
	Remarks:
Date Request Completed:	Amount prepaid: \$
Approved: _____ Denied: _____	Balance due before release: \$
LEGAL SIGN OFF(if needed):	Total Amount paid: \$

IF DENIED, PROVIDE REASON OR REASON(S):

REQUESTOR SAW OR RECEIVED INFORMATION REQUESTED:

