



# COTTONWOOD HEIGHTS REQUEST FOR RECORDS

## REQUESTERS INFORMATION

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## RECORD/PROPERTY INFORMATION

Address of Property: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_  
Time Frame (give beginning/ending years for search): \_\_\_\_\_  
Description of Records Sought: Specify what you are looking for (e.g. business license, building permits, certificate of occupancy, property violations.) If additional room is needed, please submit a separate sheet.  
\_\_\_\_\_  
\_\_\_\_\_

## DETERMINATION OF RECORDS

- I would like to inspect the records (this entails reviewing the record within the office without receiving a copy to take with you and takes the same time, as indicated below, to be available).

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- I would like to receive a copy of the records. I understand that I will be responsible for the research costs. For cost breakdown please refer to the fee schedule found on the back of this page.
- I would like to receive a copy of the records through email. I understand that I will be responsible for research costs.
- I would like to receive a copy of the records and request a waiver of costs because **(please attach information supporting your request for a waiver of fees)**:
  - Release of the records primarily benefits the public rather than me Explain: \_\_\_\_\_
  - My legal rights are directly affected by the record and I am impecunious

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- If the requested records are not public, please explain why you believe you are entitled to access:
  - I am the subject of the record (or guardian/parent if subject is a minor or legally incapacitated)
  - I am the person who provided the information
  - I am authorized to have access by the subject of the record or by the person who submitted the information **(attach relevant documentation)**.
  - Other. Explain \_\_\_\_\_

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- I am requesting expedited response. **Please attach relevant documentation** (e.g. proof of your status as a member of the media and statement that the record is needed for a story/broadcast).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by Staff: \_\_\_\_\_ Date: \_\_\_\_\_

