



CITY OF BLACK HAWK – CITY CLERK
PO Box 68 / 201 Selak Street, Black Hawk, CO 80422
303-582-2212 / FAX 303-582-0848

Request for Information Pursuant to the Colorado Open Records Act

DATE OF REQUEST: _____ TIME: _____

NAME: _____

BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE: () _____ FAX: () _____

EMAIL ADDRESS: _____

DESCRIPTION OF THE INFORMATION DESIRED: _____

SIGNATURE: _____

(DO NOT WRITE BELOW THIS LINE – THIS SECTION TO BE COMPLETED BY CITY STAFF)

RESPONSE DATE: _____ TIME: _____

METHOD OF DELIVERY: _____

NUMBER OF PAGES: _____ AMOUNT PAID: \$ _____

BY: _____ TITLE: _____

DENIAL OF REQUEST AND BASIS FOR DENIAL (IF APPLICABLE): _____

COMMENTS: _____

(PURSUANT TO THE COLORADO OPEN RECORDS ACT, THE CITY OF BLACK HAWK HAS 72 HOURS IN WHICH TO RESPOND TO THE REQUEST. A COPY OF THIS FORM SHOULD BE MAINTAINED IN THE DEPARTMENT OFFICE, AND THE ORIGINAL RETURNED TO THE CITY MANAGER).