



Town of Johnstown

Town Clerk's Office 450 S Parish Ave Johnstown, CO 80534
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Public Records Request Form

Date of Request: _____ Time: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Copies Requested Yes () No ()

**Instructions: Please indicate the information desired and / or list each requested document.
Please be as specific as possible:**

Pursuant to C.R.S. § 24-72-203 three (3) working days may be allowed for a search of the records. This may be extended by (7) working days for extenuating circumstances, to include the records being in active use, in storage or otherwise readily available. By signing or typing your name you are acknowledging there could be fees associated for copies or requests that require significant resources or staff time. You will be invoiced, and the request paused until payment is made, at which time your request will resume.

Signature: _____

Records are available for viewing or pickup between the hours of 8:30 a.m. to 4:30 p.m.

Staff Use Only:

Staff:	Date:
Deposit/paid:	Released:

The Community That Cares

www.TownofJohnstown.com

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