# City of Aurora
# Open Records Request Form

**Email: municipalrecords@auroragov.org**
**Fax: 303-739-7520**

**Tracking #_____**

**Date Received:**

***Documents requested in accordance with the City of Aurora Administrative Policy Memorandum Number 4.9.**

**Requestor Information**

**Name:**_____

**Address:**_____

**Company Name:**_____

**Telephone:**_____ **Fax:**_____ **E-mail**_____

**Detailed Description of Document(s) Being Requested:**

**FOR CITY USE ONLY**

| **MUNICIPAL RECORDS USE:** | **LEGAL USE:** | **CITY DEPARTMENT USE:** |
|---|---|---|
| RECEIVED BY: | Approved ☐ Denied ☐ | RECEIVED BY: |
| DATE COMPLETED: | Extension Letter ☐ Denial Letter ☐ | DATE COMPLETED: |
| Fees Received (Attach paid Invoice) | ROUTINE ☐ NONROUTINE ☐ | Fees Received (Attach paid Invoice) |
| Remarks/Actions: | Remarks/Actions: | Remarks/Actions: |
| | | |
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| **RECORDS SIGN OFF:** | **LEGAL SIGN OFF:** | **DEPARTMENT SIGN OFF:** |
|---|---|---|
| | | |

**REQUESTOR SAW OR RECEIVED INFORMATION REQUESTED:**