

CITY OF AURORA EXTERNAL ROUTINE RECORDS REQUEST FORM

The document(s) listed below are requested in accordance with City of Aurora Administrative Policy Memorandum 4.9. I understand I must pay all applicable fees, as indicated in the current fee schedule, including any research time in excess of 1/2 hour staff time (at the current rate). I understand certain documents, by the nature of the document, may have limited access or access may be denied.

REQUESTOR'S INFORMATION

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

DATE REQUESTED: _____ DATE NEEDED: _____

DETAILED DESCRIPTION OF DOCUMENT(S) BEING REQUESTED:

DOCUMENT(S) NEEDS TO BE CERTIFIED? YES NO

SIGNATURE: _____

TO BE COMPLETED BY MUNICIPAL RECORDS

REQUESTED BY: PHONE FAX MAIL E-MAIL IN PERSON MESSENGER

DATE COMPLETED: _____ BY: _____ TOTAL TIME: _____

ACCESS DENIED TO DOCUMENT(S) (Signature): _____

LEGAL APPROVAL (if required): _____

REMARKS/ACTION TAKEN: _____

FEES:

Research Fee:	_____	x hourly rate of	\$ _____	=	\$ _____
	# of hours				
Certification Fee:	_____	x cost per page of	\$ _____	=	\$ _____
	# of pages				
Copying Fee:	_____	x cost per page of	\$ _____	=	\$ _____
	# of pages				
Other Fee:	_____	x cost per item of	\$ _____	=	\$ _____
	# of items				

TOTAL FEE DUE: \$ _____

Initials: _____ Receipt #: _____