



# Records Request Form

**City Use Only**

Routine (WHITE)  Non- Routine (YELLOW)

City of Aurora

Email: [municipalrecords@auroragov.org](mailto:municipalrecords@auroragov.org)

Fax: 303-739-7520

## REQUESTOR'S INFORMATION

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **DETAILED DESCRIPTION OF DOCUMENT(S) BEING REQUESTED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that documents requested in accordance with City of Aurora Administrative Policy Memorandum 4.9 requires that I must pre-pay all applicable fees set forth in the current fee schedule, including any research/data extraction time. I also understand that by the nature of the document, access may be denied or limited.

### **City Use Only (Below)**

<b>Municipal Records Use</b>	<b>City Department Use</b>
<b>Received By:</b>	<b>Received By:</b>
<b>Remarks:</b>	<b>Date Completed:</b>
	<b>Remarks:</b>
<b>Date Request Completed:</b>	<b>Amount prepaid:</b> \$
<b>Approved:</b> _____ <b>Denied:</b> _____	<b>Balance due before release:</b> \$
<b>LEGAL SIGN OFF(if needed):</b>	<b>Total Amount paid:</b> \$

**IF DENIED, PROVIDE REASON OR REASON(S):**

**REQUESTOR SAW OR RECEIVED INFORMATION REQUESTED:**