



Town of Limon
Public Records Request

PLEASE PRINT

Date of Request: _____

Name: _____ Phone: _____

Address (include street, city, state and zip code):

Copies requested: Yes _____ No _____

Please indicate method of delivery

I swear and/or affirm that these records will not be used for the direct solicitation of business for pecuniary gain. (C.R.S. 24-72-305.5)

Signature of Person Making Request

INSTRUCTIONS

Indicate the information you desire and/or list each requested document. Please be as specific as possible and allow 3 working days for a typical search for records.

