Use the tab key to move from field to field. Once completed print and return the signed form to the City Clerk's Office.

CITY OF DURANGO
CITY CLERK'S OFFICE ~ RECORDS REQUEST

Clerks Department ~ 949 East Second Avenue ~ Durango, CO ~ 81301
970/ 375-5010 ~ 970/ 375-5098 Fax
Email Clerk@ci.durango.co.us

Date of Request: _____

Requested By: _____

Contact / Phone: _____

Information Requested:

Pick-Up: _____ Fax To: _____

Email To: _____

Mail To:

_____
Address/P.O. Box City State Zip

Call to advise when available: ____yes _____ no
Fee applicable: _____yes _____ no
Fee amount: $ _____ (Make checks payable to City of Durango)

OFFICE USE ONLY
Date Received: _____ Date Completed: _____

Fee Paid: $_____ Cash _____ Check – Check # _____

Completed By: _____ Time Spent: _____
Information required within three working days per C.R.S. §24-72-203(3)

Print Reset Form