

GRANBY SANITATION DISTRICT

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REQUEST FOR INFORMATION PURSUANT TO THE COLORADO OPEN RECORDS ACT

PLEASE PRINT Date of Request: Name: Address: State: Zip Code: Phone: Day: Evening: Copies Requested: Yes: No: SIGNATURE: **INSTRUCTIONS** Indicate the information you desire and/or list each document requested. Please be as specific as possible. Allow three (3) working days for a search of the records.