

TOWN OF SILT

Request for Information
Pursuant to the Colorado Open Records Act

COPY

DATE OF REQUEST: 8/17/08 TIME: 12:05 PM

NAME: Tom Tibbets

ADDRESS: 439 Orchard Ave

CITY: Silt STATE: CO ZIP: 81652

CONTACT PHONE#: 876-2230

DESCRIPTION OF THE INFORMATION DESIRED: _____

Copy of Fence Permit for the New fence
installed in the North East corner of the
Center Town Homes Development next to
the Town alley running East and West.


Signature of person making request

12:05 PM
Date and Time of request

(Do not write below this line - This section to be completed by Town Staff)

RESPONSE DATE: 8/20/07 TIME: 1:30

METHOD OF DELIVERY: _____

NUMBER OF PAGES: _____ AMOUNT PAID: \$ _____

BY: John Lebourne TITLE: Planning Tech.

DENIAL OF REQUEST AND BASIS FOR DENIAL (If Applicable):

NO permit was issued for the fence in question.