

W/J METROPOLITAN DISTRICT

OPEN RECORDS REQUEST

Please indicate the information you desire, and/or list each public record requested. Please be as specific as possible.

Name:		Date Stamp Received: Time: _____ a.m/p.m. By: _____
Street Address:		
City/State/Zip Code:		
Phone:	Email:	

*C.R.S. §24-72-203(3)(b) Please allow a minimum of three business days to process requests.
In extenuating circumstances, an additional seven days may be needed to produce the records requested.*

<p>FEES APPLICABLE TO RECORDS REQUESTS:</p> <ul style="list-style-type: none"> • \$0.25/page • \$5.00/page (18x24 & larger) • \$30.00/hour after the first hour for research & retrieval • Other charges at cost 	<p>ESTIMATE OF TOTAL CHARGES:</p> <p>_____ @ \$0.25 per page \$ _____</p> <p>_____ @ 5.00 per page (18x24 & larger) \$ _____</p> <p>_____ hours @ \$30/hour (excluding 1st hour) \$ _____</p> <p>Other charges (at cost) \$ _____</p> <p align="right">Estimated Total: \$ _____ *</p> <p>Total Deposit Due: (prepayment required) \$ _____ **</p>
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**Payment of any actual costs exceeding the estimated charges and/or deposit is due before inspection or release of the records.*

***If the deposit exceeds actual costs, the difference will be refunded at the time of inspection or release of the records.*

Please return this completed form to our Custodian of Records -Marchetti & Weaver, LLC at: debbie@mwcpsa.com or contact at: 970.926-6060 for further information.

OFFICE USE	
CORA Request #	20_____ - _____
Request Completed	_____
By	Date
	Time
Request Denied:	_____
By	Date
	Time
Reason for Denial:	_____
Requestor Notified By:	_____
By	Date
	Time
Estimated Response Date:	_____
Notified of extension on:	_____