TIMBER SPRINGS METROPOLITAN DISTRICT

Request for Inspection/Copy of Public Records

Applicant Name: _____

Applicant Address: _____
City/State: _____**Zip:** _____

Daytime Phone #:(____)_____ **Alt./Cell:** (____)_____

Email: _____

Detailed description of the records requested: (Please use additional sheets if necessary)

_____
_____
_____

Select a preferred format for the materials: Hard Copies _____ Electronic _____ View Hard Copy Only _____

I request the records described and agree to pay all charges incurred in processing this request at or before the time the records are made available. If over $10, I understand I must provide a deposit to pay for the cost incurred to obtain the records. I understand that the Estimated Charges are estimates only, and that the actual cost may vary. This request will be considered received when this form is complete and received by the Custodian and any required deposit is paid.

Signature: _____**Date:**_____

Submit Request Form To:
Marchetti & Weaver, LLC
28 2nd St, Unit 213
Edwards, CO 81632

If the records are available pursuant to §§ 24-72-201, *et seq*., C.R.S., the records shall be made available for viewing within three (3) working days. The date of receipt is not included in calculating the response date. If extenuating circumstances exist so that the Custodian cannot reasonably gather the records within the three (3)-day period, the Custodian may extend the period by up to seven (7) working days. The requestor shall be notified of the extension within the three (3)-day period. Public records shall be viewed at the District's offices during regular business days at prearranged times.

For Internal Use Only	
Estimated Charges	
Number of Pages _____ at $0.25/page _____	Research & Retrieval _____ Hours at $____/Hr
Postage/Delivery Costs: $_____	See § 24-72-205(6), C.R.S. for hourly fee Research & Retrieval Total: $ _____
Deposit Required: $_____	Total Estimate Cost: $_____
Note: Non-standard and special requests will be billed at cost and charged in addition to any other fees	
Administrative Matters	
Date Request Completed:	Amount Prepaid: $_____
Approved:_____Denied: _____	Balance Due Before Release: $_____
If Denied, Provide Reason(s):	Total Amount Paid: $_____