

<b>For Internal Use Only</b>
Date of Request: _____
Time of Request: _____ AM/PM

**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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select a preferred format for the materials: Hard Copies \_\_\_\_ Electronic (PDF) \_\_\_\_ View Hard Copy Only \_\_\_\_

**Estimated Charges:**

Number of pages \_\_\_ @ \$0.25/page \$ \_\_\_\_\_ Research & Retrieval \_\_\_ hours @ \$30.00/hr after one hour \$ \_\_\_\_\_

Postage/Delivery costs: \$ \_\_\_\_\_ Total estimated cost: \$ \_\_\_\_\_ Deposit required: \$ \_\_\_\_\_

Note: Non-standard and special requests will be billed at cost and charged in addition to any other fees.

**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:** \_\_\_\_\_

**Please return completed form to:**

**Forest Lakes Metropolitan District, 271 N. Mountain View Dr., #107, Bayfield, CO 81122**

**For more information call: (970)884-2925**

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 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-day period, the Custodian may extend the period by up to seven working days. The requestor shall be notified of the extension within the three-day period. Public records shall be viewed at the District's offices during regular business days at prearranged times.

<b>For Internal Use Only</b>	
Date request completed:	Amount prepaid: \$ _____
Approved: _____ Denied: _____	Balance due before release: \$ _____
If denied, provide reason(s):	Total Amount paid: \$ _____