Castle Pines Metropolitan District

REQUEST FOR PUBLIC RECORDS

Date and Time of Request:

Date of Request _____

Time of Request _____

Applicant Contact Information:

Name _____

Address _____

City, State, ZIP _____

Email _____

Telephone _____

Please describe with specificity the Public Records you are requesting:

_____

_____

_____

_____

Please describe the format in which you would like to receive materials:

- ☐ Letter-size copies
- ☐ Electronic (CD or DVD)*
- ☐ Electronic (email)*
- ☐ Other (specify) _____

- ☐ View Only (no copies) *Note that appropriate personnel may be scheduled to accompany you during viewing*

** Not all documents are available in electronic format. Additional fees may apply to requests that take more than one hour to process.*

By signing this request, the Applicant acknowledges that fees will be charged for copies requested, and additional fees may be charged for staff time filling this request if more than one hour of research is necessary to locate documents or to prepare them for release. In the event the District denies your request, the District will provide the basis for the denial to you in writing.

Applicant's Signature: _____

DISTRICT STAFF USE ONLY:

Response Details

Date _____

Time _____

By _____

Format _____

SUMMARY OF CHARGES

Charge:	Qty	x Price	Total
Standard copies	_____	x $0.25/copy	_____
Non-standard copies	_____	x _____	_____
Media (CD, DVD, etc.)	_____	x _____	_____
Staff Time > 1 hr.	_____	x $41.37/hr.	_____

GRAND TOTAL _____