SADDLER RIDGE METROPOLITAN DISTRICT

Request for Inspection/Copy of Public Records

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

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:
Public Alliance, LLC
405 Urban Street, Suite 310
Lakewood, CO 80228

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.

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Estimated Charges

Number of Pages _____ at $.025/page _____
Postage/Delivery Costs: $_____

Research & Retrieval ____ Hours at $41.37/hr
See § 24-72-205(6), C.R.S. for hourly fee
Research & Retrieval Total: $_____

Deposit Required: $_____
Total Estimated Costs: $_____

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

Administrative Matters

Date Request Completed:
Approved: _____ Denied: _____

Amount Prepaid: $_____
Balance Due Before Release: $_____
Total Amount Paid: $_____

If Denied, Provide Reason(s)

_____
_____
_____
_____
_____
_____