

Records Management Manual

Approval Request Form

County Municipality School District/BOCES Special District

NAME OF ENTITY

Three Lakes Water and Sanitation District

CONTACT PERSON/TITLE:

Katie Nicholls, District Manager

MAILING ADDRESS:

PO Box 899, Grand Lake, CO 80447

TELEPHONE:

970-627-3544

E-MAIL:

katie@threelakesws.com

LOCAL EXCEPTIONS:

(List and provide basis and description of any local exceptions for records retention periods that are specified by formal direction of the local ordinance, Home Rule Charter provision, by board resolution or formal direction of the school board, governing body, etc., that differ from those set out in the Records Retention Manual for your specific entity. Use additional pages if needed.)

None

THE ABOVE ENTITY HEREBY REQUESTS APPROVAL FROM THE COLORADO STATE ARCHIVES TO FOLLOW *THE SPECIFIC ENTITY'S RECORDS RETENTION MANUAL*, WITH THE LOCAL EXCEPTIONS INDICATED.

 , chairman

SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE

4/8/19

DATE OF SUBMITTAL OF REQUEST FOR APPROVAL

SIGNATURE OF STATE ARCHIVIST AND DATE