

THREE LAKES WATER AND SANITATION DISTRICT
Instructions for REQUEST FOR PUBLIC RECORDS form

1. Indicate in Section I in detail what public record you wish to inspect or copy. Inspection of records shall be done during normal business hours at the Administration Office located at 1111 County Road 48. Grand Lake, CO 80447.
2. By submitting this request form, you are agreeing to pay said District, in advance of receiving any public records, the costs set forth and/or incurred by the District.
3. In Section III, indicate the purpose for which you are requesting the public record indicated in Section I.
4. The District will not mail any record until such time that payment has been received for costs, including postage cost to mail said record.
5. Proof of ID is required before releasing public record and will be recorded in Section V.
6. You must sign this document prior to any release of public record.

The District will release the requested public record within three (3) working days from receipt of completed REQUEST FOR PUBLIC RECORDS form, unless extenuating circumstances exist or extensive research is required. The requestor will be informed of approximate time of extension or any denial for public record request within the three (3) working days if an extension is needed or the request denied.

FOR DISTRICT USE ONLY

Date Received: _____ Date Completed: _____

Date Denied and Reason for Denial:

Employee responsible for compiling request: _____

Method of Delivery: Mailed on: _____ Cost of Postage: _____

Emailed on: _____ Picked up on: _____

Copies Made: Number of Copies: _____ Amount: _____

Staff Time: # Hours: _____ (@\$30.00 per hr. after 1st hr.) Amount: _____

Total Amount Due: _____

Paid By: _____ Date: _____

Cash: _____ Check #: _____

REQUEST FOR PUBLIC RECORDS

I. Request for Records

I hereby request the right to inspect, or to obtain copies of the following public record(s) from THREE LAKES WATER AND SANITATION DISTRICT.

<u>Record(s) Requested</u>	<u>Inspect</u>	<u>Copied</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Agreement to Pay Fees

I agree to pay the following fees for all public record requests:

Copies	.25 per side
Staff time	\$30.00 per hour after the first hour
Postage	Actual expense of mailing

I further acknowledge and agree that if additional services are required to produce any public record, I shall be responsible to reimburse the District for the actual charges incurred in connection with production services.

III. Request for Mail Delivery

I request the District mail the requested public records to me at the address set forth in Section V. I understand that I will be required to, and I agree to, pay the actual postage cost for such mailing before the records are sent to me.

Mail record _____ Email record _____ DO NOT mail record, I will pick up _____

IV. Identification of Requestor

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

V. Signature of Requestor _____