

Woodmen Hills Metropolitan District Public Records Request Form

Requester Name: _____

Address: _____

Received: _____

Completed: _____

Home Phone Number: _____

Secondary Phone Number: _____

Fax Number: _____

For Internal Use Only

Date

Date

Detailed Description of Request:

Listing of Applicable Charges

Certified Letter Fee	\$2.80 per Copy
Faxed copies of request results	\$1.00 per page (local destinations) \$1.50 per page (long distance destinations)
Copies of Standard size documents (8.5 x 11 or 8.5 x 13)	\$0.25 per page
Research and Retrieval Fee (First 1.0 hour is free),..this fee shall apply to any and all requests regardless of type or format, and shall include the combined time of all staff and legal representatives involved in the research and retrieval.	\$33.58 per hour for management (billed 1/2 hour increments)
Non-Standard/Special Requests (when Applicable this will be charged in addition to the Research and Retrieval Fee)	Billed at cost of request incurred by the District

- Note:**
- a. Please submit completed form to ORD@whmd.org
 - b. Prior to making copies or providing access to other information requested, the District must receive: (1) a copy of this signed form signed by the requester or its authorized agent; and (2) Payment of all estimated charges associated with the request.
 - c. Inspection of District records and documents is permitted. Such inspection must take place during regular business hours at the office of the District, unless other arrangements are necessary. All hourly Research and Retrieval Fees and other costs incurred as a result of said inspection shall be charged to the requester.
 - d. Public records requests shall not preempt or take priority over previously scheduled official District related business activities. As required by §24-72-101, *et seq.*, C.R.S., requests shall be handled within three (3) working days unless extenuating circumstance exist.

Requester's Signature: _____ Date of Request: _____

I hereby acknowledge that I have seen or received the information or documents I request in the form requested and within the required statutory time limits

Requester's Signature: _____
Date: _____