

SOUTHWEST TIMNATH METRO DISTRICTS

REQUEST FOR PUBLIC RECORD/DOCUMENT

6000 Summerfields Parkway

Timnath, Colorado 80547

Phone : (970) 488-2820

E-mail: manager@swtmd.com

(Deliver via Mail or e-mail to STMD)

Request is for SWTMD number: _____ (Each District must have its own request)

Requester Name:	Date: / /		
Firm/Organization:			
Address :	City:	State:	Zip:
Phone: ()	Fax: ()	E-mail:	
Provide a description of the document/public record you are requesting that is sufficiently specific to identify and locate the document/public record you are wanting. (Use additional pages if necessary)			
Document Name:	# of pages	Date if known	Other Information
1.			
2.			

I prefer to view records at the SWTMD office: <input type="checkbox"/> I prefer copies of documents/records mail: <input type="checkbox"/> Copy cost per standard page is at State approved rates, postage rate if needed, and cost of envelopes: Cost of Time per 15 minutes is per State approved rates. (Prices subject to change)
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SUBMISSION OF REQUEST IS CERTIFICATION THAT REQUESTER UNDERSTANDS AND ACCEPTS OBLIGATION TO PAY APPLICABLE FEES FOR COPIES OF RECORDS/DOCUMENTS REQUESTED AND THAT NO COPIES MAY BE RETURNED FOR CREDIT. **CHECK, MONEY ORDERS OR CREDIT CARD BY E-MAILED INVOICE ONLY, PAYABLE TO SWTMD. RECORDS/DOCUMENT WILL NOT BE RELEASED BEFORE FEES ARE PAID.**

SWTMD Attorney will assist/review request, Attorney fees invoiced per State approved rates.

By signing below, I certify that the information above is true and correct to the best of my knowledge and I understand **SWTMD** rates.

Signature of requesting Individual: _____ Date: / /

Print name:

SWTMD STAFF USE ONLY:			
COST ESTIMATE: \$ _____	DATE PROVIDED: ____/____/____	BY: _____	
AMOUNT PAID: \$ _____	DATE PAID: ____/____/____	DATE DOCUMENT/RECORD RELEASED: ____/____/____	
REQUEST COMPLETE: Y OR N	* COPY OF REQUEST MUST BE FILED *		