

MOUNT CARBON METROPOLITAN DISTRICT

Public Records Request Form

The following request is made under the Colorado Open Records Act, C.R.S. § 24-72-201, *et seq.* All requests for records will be governed by the Colorado Open Records Act and any policies in effect for Mount Carbon Metropolitan District regarding public records.

Name: _____ Date: _____

Organization represented (if any): _____

Address: _____

Phone: (___) _____ Email: _____

Description of document(s) requested (Please be as specific as possible):

Preferred Method of Delivery: Mail / Email / Fax / Pick up / Other: _____

If the document name is unknown, provide a brief but specific description. Include dates, type of document, parties involved, etc. Broad, vague, or voluminous requests cause delays or may be denied. The District does not perform analysis or provide opinions or other advice regarding documents. The District will only provide the specific document(s) requested.

If the records are available pursuant to law, the records will be made available within three working days. If extenuating circumstances exist so that the Custodian cannot gather the records within three working days, the period will be extended an additional seven working days. Please refer to the District's Colorado Open Records Act Policy for more information. The Policy is available at the District's website, www.mountcarbonmd.org.

Documents cost \$0.25 per page unless actual costs exceed that amount, in which case, actual costs will be charged, plus staff time at \$33.58/hour if time involved exceeds 1 hour. All payments for public records must be received in advance of releasing the requested records and a deposit may be required.

Signature

Filing Instructions: Email, or mail or deliver the completed form to Mount Carbon Metropolitan District, Custodian of Records at: CliftonLarsonAllen LLP, 8390 E. Crescent Parkway, Ste. 300, Greenwood Village, CO 80111 or at lisa.johnson@claconnect.com

For District Use Only

Request received by: _____ Date/ Time: _____ Estimated Cost \$ _____

Actual Cost: Copies _____ x .25 = \$ _____ Staff hours _____ x _____ (hourly rate) = \$ _____

Total Cost \$ _____ Amount paid \$ _____

Date request completed ____ / ____ / ____ By _____

Method of Delivery _____ Date _____ Time _____