

Buffalo Mountain Metropolitan District
Colorado Open Records Act Request Form

Date of Request:			
Name:			
Address:			
City, State, Zip:			
Daytime Phone:			
Email Address:			

Instructions: This request must comply in all respects with BMMD’s Colorado Open Records Act Policy dated August 19, 2014. Please review the Policy carefully prior to submitting your request.

Indicate the information you desire and/or list each public record requested below. Please be as specific as possible. Records that are available and the subject to production pursuant to the Policy and CORA will generally be provided within three business days of the receipt of this request. In extenuating circumstances, the requested records may not be produced for up to seven business days. Attach another sheet if necessary.

Records Requested
(Provide a specific Description)

Requested Method of Review
(State “Review in Person” or “Provide Copies”)

BMMD may charge the Applicant for copies, research and retrieval, and other items as set forth in the Policy. BMMD may require the Applicant to deposit the estimated charges with the Official Custodian prior to delivering the requested records. For more information, please contact the Official Custodian at the address or telephone number listed in this policy.