CASCADE METROPOLITAN DISTRICT NO. 1

Request for Inspection/Copy of Public Records

For Internal Use Only
Date of Request: _____
Time of Request: _____AM/PM

Applicant Name: _____

Applicant Address: _____**City/State:** _____**Zip:** _____

Daytime Phone #: ( )_____**Alt. /Cell:** ( ) _____

Email: _____

Detailed description of the records requested: (Please use additional sheets if necessary)

_____

_____

_____

Please select a preferred format for the materials: Hard Copies ____ Electronic (PDF) ____ View Hard Copy Only ___

Estimated Charges:

Number of pages ___@ $0.25/page $_____ Research & Retrieval ____ hours @ $30.00/hr after one hour $_____

Postage/Delivery costs: $ _____ Total estimated cost: $_____ Deposit required: $_____

Note: Non-standard and special requests will be billed at cost and charged in addition to any other fees.

I request the records described and agree to pay all charges incurred in processing this request at or before the time the records are made available. If over $10, I understand I must provide a deposit to pay for the cost incurred to obtain the records. I understand that the Estimated Charges are estimates only, and that the actual cost may vary. This request will be considered received when this form is complete and received by the Custodian, and any required deposit is paid.

Signature: _____**Date:** _____

Please return completed form to:

Cascade Metropolitan District No. 1, c/o Schooler & Associates, Inc.

20 Boulder Crescent St., Colorado Springs, CO 80903

For more information call: (719) 447-1777

If the records are available pursuant to § 24-72-201 et seq. C.R.S., the records shall be made available for viewing within three working days. The date of receipt is not included in calculating the response date. If extenuating circumstances exist so that the Custodian cannot reasonably gather the records within the three-day period, the Custodian may extend the period by up to seven working days. The requestor shall be notified of the extension within the three-day period. Public records shall be viewed at the District's offices during regular business days at prearranged times.

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Date request completed:	Amount prepaid: $_____
Approved: _____ Denied: _____	Balance due before release: $_____
If denied, provide reason(s):	Total Amount paid: $_____