Ward TOD Metropolitan District No 1

12210 Brighton Rd #8 Henderson, CO 80640 (720) 541-7725

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_____

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 it paid.

Signature:_____Date:__ _____

Submit Request Form To:
Wolfersberger, LLC
12210 Brighton Rd, #8
Henderson, CO 80640

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If the records are available pursuant to PP 24-72-201, et seq., C.R.S., the records shall be made available for viewing with three (3) 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 (3) day period, the Custodian may extend the period by up to seven (7) working days. The requestor shall be notified of the extension within the three (3) day period. Public records shall be viewed at the District's offices during regular business days at prearranged times.

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Estimated Charges	
Number of Pages_____at $0.25/page $_____	Research & Retrieval _____Hours at $41.37/Hr $ _____
Postage/Delivery Costs: $ _____	
Deposit Required: $ _____	
Approved: _____ Denied:_____	
Note: Non-standard and special requests will be billed at cost and charged in addition to any other fees	
Administrative Matters	
Date Request Completed:	Amount Prepaid: $ _____
Approved: _____ Denied: _____	Balance Due Before Release: $ _____
If Denied, Provide Reasons(s):	Total Amount Paid: $ _____