

SOUTH TIMNATH METRO DISTRICTS REQUEST FOR PUBLIC RECORD/DOCUMENT

6000 Summerfields Parkway

Timnath, Colorado 80547

Phone : (970) 225-1515

E-mail: manager@southtimnathmetrodistrict.com

(Deliver via Mail or e-mail to STMD)

Request is for STMD 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 STMD 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)

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 STMD. RECORDS/DOCUMENT WILL NOT BE RELEASED BEFORE FEES ARE PAID.**

STMD 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 **STMD** rates.

Signature of requesting Individual: _____ Date: / /

Print name:

STMD 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 *		