# PLUM VALLEY HEIGHTS SUBDISTRICT OF THE ROXBOROUGH WATER AND SANITATION DISTRICT

## Request for Inspection/Copy of Public Records

**Applicant Name:** _____

**Applicant Address:** _____

**City/State:** _____ **Zip:** _____

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

**Email:** _____

**Information Requested:** Please use additional sheets if necessary. Be as specific as possible, including document name(s) and date(s).

_____
_____
_____
_____
_____

Select a preferred format for the materials:  Hard Copies _____  Electronic _____  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 as described in the Public Records Policy. I understand I will be required to pay a deposit toward the cost incurred to obtain the records. I understand that the Estimated Charges listed below 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:** _____

Submit Request Form To:
Plum Valley Heights Subdistrict of the Roxborough Water and Sanitation District
Attn: District Manager
6222 North Roxborough Park Road
Littleton, CO 80125
Email: info@roxwater.org

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 (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.

| For Internal Use Only | |
|---|---|
| **Estimated Charges** | |
| Number of Pages _____ at $0.25/page _____ | Research & Retrieval _____ Hours at $_____ /Hr |
| Postage/Delivery Costs: $_____ | See § 24-72-205(6), C.R.S. for hourly fee<br>Research & Retrieval Total: $ _____ |
| Deposit Required: $_____ | Total Estimate Cost: $_____ |
| 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 Reason(s): | Total Amount Paid:  $_____ |
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