

**CORTEZ SANITATION DISTRICT
OPEN RECORDS REQUEST**

Name:	
Street Address:	
City/State/Zip Code:	
Phone:	Email:

Date Stamp:
Time: ____ a.m/p.m.
By: _____

Please indicate the information you desire, and/or list each public record requested. Please be as specific as possible.

**C.R.S. §24-72-203(3)(b) Please allow a minimum of three business days to process requests.
In extenuating circumstances, an additional seven days may be needed to produce the records requested.**

<p>FEES APPLICABLE TO RECORDS REQUESTS:</p> <ul style="list-style-type: none"> • \$0.25/page • \$5.00/page (18x24 & larger) • \$30.00/hour after the first hour for research & retrieval • Other charges at cost 	<p>ESTIMATE OF TOTAL CHARGES:</p> <p>___ @ \$0.25 per page \$ _____</p> <p>_____ @ 5.00 per page (18x24 & larger) \$ _____</p> <p>_____ hours @ \$30/hour (excluding 1st hour) \$ _____</p> <p>Other charges (at cost) \$ _____</p> <p style="text-align: right;">Estimated Total: \$ _____</p> <p style="text-align: right;">\$ _____ *</p> <p>Total Deposit Due: (prepayment required) \$ _____ **</p>
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***Payment of any actual costs exceeding the estimated charges and/or deposit is due before inspection or release of the records.
If the deposit exceeds actual costs, the difference will be refunded at the time of inspection or release of the records.

	OFFICE USE
CORA Request# 20_____	
Request Completed _____	_____
By _____	Date _____ Time _____
Request Denied: _____	_____
By _____	Date _____ Time _____
Reason for Denial: _____	
Requestor Notified By: _____	_____
By _____	Date _____ Time _____
Estimated Response Date: _____	Notified of extension on: _____