MOUNTAIN BROOK METROPOLITAN DISTRICT

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: _____

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:
Mountain Brook Metropolitan District
Simmons & Wheeler, P.C.
8822 South Ridgeline Boulevard Suite 230
Highlands Ranch, CO 80129

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.

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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 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: $_____