

**CORTEZ SANITATION DISTRICT**

**OPEN RECORDS REQUEST**

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

<b>Date Stamp:</b>
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.*

<b>FEES APPLICABLE TO RECORDS REQUESTS:</b>	<b>ESTIMATE OF TOTAL CHARGES:</b>
<ul style="list-style-type: none"><li>• \$0.25/page</li><li>• \$5.00/page (18x24 &amp; larger)</li><li>• \$30.00/hour after the first hour for research &amp; retrieval</li><li>• Other charges at cost</li></ul>	_____ @ \$0.25 per page \$ _____ _____ @ 5.00 per page (18x24 & larger) \$ _____ _____ hours @ \$30/hour (excluding 1 <sup>st</sup> hour) \$ _____ Other charges (at cost) \$ _____ <b>Estimated Total:</b> \$ _____ *
	<b>Total Deposit Due: (prepayment required) \$ _____ **</b>

*\*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.*

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