



Mt. Crested Butte Water & Sanitation District
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Public Records Request Form

The following request is made under the Colorado Open Records Act:

Name: _____ Date: _____ Time: _____ a.m./p.m.

Organization represented (if any): _____

Address: _____

Phone: _____ Email: _____

Description of document(s) requested (be as specific as possible and include dates, type of document, parties involved and other identifying information, attach additional pages if needed):

_____ Initial here if you are requesting a **pdf** of the documents be emailed to the address above.

When a substantial request is made—requiring the production of more than 25 pages of documents or more than one hour of staff time to locate or produce records— a charge will be imposed on the requestor for all copying expenses (25 cents/page) and for staff time (\$30/hour) in accordance with C.R.S. § 24-72-205(5)(a) and (6)(a), and applicable law.

For requests where more than 25 pages will be produced and/or more than one hour of staff time will be consumed, the requestor will be given advance notice and an estimate of the costs. Such costs must be paid in full before the production of records unless alternative arrangements have been made. If the actual costs exceed the initial estimate provided, the actual cost will be billed to the requestor and the requestor will be required to pay that cost prior to production of the records.

When completed, email this form to info@mcbwsd.com

For Office Use Only

Request received by: _____ Date/ Time: _____ Estimated Cost \$ _____

Actual Cost: Copies _____ X 25¢ = \$ _____ Staff hours _____ X \$30 (hourly rate) = \$ _____

Total Cost \$ _____ Amount Paid \$ _____

Date request completed ___ / ___ / ___ By _____