

**For Internal Use Only**

Date of Request: \_\_\_\_\_

Time of Request: \_\_\_\_\_

**Attachment A**

**Soldier Canyon Water Treatment Authority  
Public Records Request**

**4424 Laporte Avenue, Fort Collins CO**

**[www.soldiercanyon.com](http://www.soldiercanyon.com)**

**(970) 482-3143**

The Soldier Canyon Water Treatment Authority (Authority) complies with the requirements of the Colorado Open Records Act, and other applicable laws with respect to the production of public records, including whether it must, may, or cannot produce public records, and the fees it charges for such production. A complete copy of Authority's Open Records Request Policy and fees can be found on the Authority's website. All requests for public records must be submitted to [info@soldiercanyon.com](mailto:info@soldiercanyon.com).

I request the records described below and agree to pay all charges incurred in processing this request at or before the time the records are made available. If charges exceed \$10, I understand I must provide a deposit to pay for the costs incurred to obtain the records. I understand that the estimated charges are estimates only, and that the actual cost may vary. I acknowledge that I have had the opportunity to review the Authority's Open Records Request Policy and the fees for producing the public records, available at [www.soldiercanyon.com](http://www.soldiercanyon.com). This request will be deemed received when this form is complete and received by the Custodian and any required deposit is paid.

<b>Name:</b>	<b>Date:</b>
<b>Mailing Address:</b>	<b>Email Address:</b>
<b>Signature:</b>	<b>Phone Number:</b>
<b>Detailed Description of Records Requested.</b> Include: (a) type of record; (b) date or date range; and (c) specific subject matter. Attach additional pages if needed.	
Preferred Delivery Method:      Email: ____	
Mail (additional fees apply): ____      Pick Up/View in Person: ____	

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 may be inspected at the Authority's offices during regular business days at prearranged times. All hourly Research and Compilation Fees and other costs incurred because of such an inspection shall be charged to the requester.

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<b>Estimated Charges</b>	
Number of Pages ____ at \$0.25/page \$ _____	Research & Retrieval Hours _____ at \$33.58/Hour.
Postage/Delivery Costs: \$ _____	Fee subject to change per § 24-72-205(6), C.R.S. 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.	
<b>Administrative Matters</b>	
Date Request Completed:	Amount Prepaid: \$ _____
Approved:                      Denied:	Balance Due Before Release: \$ _____
If Denied, Provide Reason(s):	Total Amount Paid: \$ _____