

# CASTLE PINES NORTH



METROPOLITAN DISTRICT

## Request for Public Records

*Complete the following information to obtain access to District public records. It is the policy of the District to make records available for public inspection at reasonable times unless such records are protected from disclosure by law.*

*Please be advised that fees may be charged for requests for copies or requests that require significant resources as stated in the District's Open Records Policy and payment may be required prior to production of records.*

Requested By: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Specific Records Requested and Time Frame, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Delivery Method: Inspect \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only**

Fees (time/copies): \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Request Completed By: \_\_\_\_\_

Payment Made, if applicable: \_\_\_\_\_

Distribute: Inspect \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Date Completed: \_\_\_\_\_ Signature: \_\_\_\_\_