

# WINDSOR HIGHLANDS METRO DISTRICTS

## REQUEST FOR PUBLIC RECORD/DOCUMENT

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Windsor, Colorado 80550  
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E-mail: [manager@windsorhighlandsmetrodistrict.com](mailto:manager@windsorhighlandsmetrodistrict.com)

(Deliver via Mail or e-mail to WHMD)

Request is for WHMD number: \_\_\_\_\_ (Each District must have its own request)

Requester Name:		Date: / /	
Firm/Organization:			
Address :		City:	State: Zip:
Phone: (    )	Fax: (    )	E-mail:	
Provide a description of the document/public record you are requesting that is sufficiently specific to identify and locate the document/public record you are wanting. (Use additional pages if necessary)			
<b>Document Name:</b>	<b># of pages</b>	<b>Date if known</b>	<b>Other Information</b>
1.			
2.			

I prefer to view records at the <b>WHMD</b> office: <input type="checkbox"/> I prefer copies of documents/records mail: <input type="checkbox"/> <b>Copy cost per standard page is at State approved rates, postage rate if needed, and cost of envelopes: Cost of Time per 15 minutes is per State approved rates. (Prices subject to change)</b>
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SUBMISSION OF REQUEST IS CERTIFICATION THAT REQUESTER UNDERSTANDS AND ACCEPTS OBLIGATION TO PAY APPLICABLE FEES FOR COPIES OF RECORDS/DOCUMENTS REQUESTED AND THAT NO COPIES MAY BE RETURNED FOR CREDIT. **CHECK, MONEY ORDERS OR CREDIT CARD BY E-MAILED INVOICE ONLY, PAYABLE TO WHMD. RECORDS/DOCUMENT WILL NOT BE RELEASED BEFORE FEES ARE PAID.**

**WHMD Attorney will assist/review request, Attorney fees invoiced per State approved rates.**

By signing below, I certify that the information above is true and correct to the best of my knowledge and I understand **WHMD** rates.

Signature of requesting Individual: \_\_\_\_\_ Date: / /

Print name:

<b>WHMD STAFF USE ONLY:</b>			
COST ESTIMATE: \$ _____	DATE PROVIDED: ____/____/____	BY: _____	
AMOUNT PAID: \$ _____	DATE PAID: ____/____/____	DATE DOCUMENT/RECORD RELEASED: ____/____/____	
REQUEST COMPLETE: Y OR N	<b>* <u>COPY OF REQUEST MUST BE FILED</u> *</b>		