ALTACOLORADO METROPOLITAN DISTRICT NO. 1

Request for Inspection/Copy of Public Records		For Internal Use Only	
		Date of Request: AM/PM	
Applicant Name:			
Applicant Address:			
City/State:		Zip:	
Daytime Phone #:()_	Alt./C	ell: ()	
Email:			
	he records requested: (Please use add		
		······································	
Select a preferred format	for the materials: Hard Copies E	lectronic View Hard Copy Only	
I request the records de	scribed and agree to pay all charges ir	ncurred in processing this request at or	
before the time the reco	rds are made available. If over \$10, I	understand I must provide a deposit to	
1 0		nat the Estimated Charges are estimates	
•	by the Custodian and any required d	considered received when this form is eposit is paid.	
1			
Signature:		Date:	
Submit Requ	lest Form To:		
Marchetti &			
28 Second St	treet, Suite 213		

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 shall be viewed at the District's offices during regular business days at prearranged times.

Edwards CO 81632