FALLBROOK VILLAS METROPOLITAN DISTRICT

Request for Inspection/Copy of Public Records

Applicant Name: _____

Applicant Address: _____

City/State: _____

Zip: _____

Daytime Phone #:_____
Alt./Cell#: _____

Email:

Detailed description of the records requested:

_____

_____

_____

Select a preferred format for the materials:

Hard Copies_____ Electronic _____ Hard Copy Review Only _____

I request the records described and agree to pay all charges incurred in processing this request at or before the time the records are made available. If over $10, I understand I must provide a deposit to pay for the cost incurred to obtain the records. I understand that the Estimated Charges are estimates only, and that the actual cost may vary. This request will be considered received when this form is complete and received by the Custodian and any required deposit is paid.

Signature: _____
Date: _____

Submit Request Form To:
Fallbrook Villas Metropolitan District
fallbrookvillasmanager@gmail.com

If the records are available pursuant to Section 24-72-201, et seq., C.R.S., the records will 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, if produced in Hard Copy Review Only shall be viewed at _____ during regular business days at prearranged times.

For Internal Use Only	
Estimated Charges	

Number of Pages at $0.25/page	Research & Retrieval:
	_____Hours at $41.37/Hour
Postage/Delivery Costs: $	See § 24-72-205(6), Research & Retrieval
Deposit Required: $	Total Estimated _____ Cost:

Note: Non-standard and special requests will be billed at cost and charged in addition to any other fees

Administrative Matters	
Date Request Completed:	Amount Prepaid: $
Approved: Denied:	Balance Due Before Release: $
If Denied, Provide Reason(s):	Total Amount Paid: $ _____