



**SOUTH TIMNATH**  
METRO DISTRICT

**REQUEST FOR PUBLIC RECORD/DOCUMENT**

1927 Wilmington Drive Suite 101  
Fort Collins, Colorado 80528  
Phone: (970) 225-1515 Fax: (970) 225-0054  
(Deliver Mail or fax to number listed above)

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 for <b>STMD</b> to identify and locate the document/public record. (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 **STMD** office:  I prefer copies of documents/records mail or faxed:   
 Copy cost .25 per standard page, postage rate if needed, cost of envelopes, Cost of Time per 15 minutes: \$16.25 (Prices subject to change)

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, OR MONEY ORDERS ONLY, PAYABLE TO STMD. RECORDS/DOCUMENT WILL NOT BE RELEASED BEFORE FEES ARE PAID.**

**NOTE: On some request District's Attorney may have to assist/review request, which may cause higher fees, due to Attorney fees.**

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

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

**STMD STAFF USE ONLY:**

COST ESTIMATE: \$ \_\_\_\_\_ DATE PROVIDED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_ DATE PAID: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE DOCUMENT/RECORD RELEASED: \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUEST COMPLETE: Y OR N \* **COPY OF REQUEST MUST BE FILED** \*