



MERIDIAN SERVICE METROPOLITAN DISTRICT
Water, Wastewater, Parks and Recreation Department
 11886 Stapleton Dr., Falcon, CO 80831
 719-495-6567, Fax 719-495-3349

Colorado Open Records Act (CORA) Request Form

Filing Instructions: Email, fax, mail or deliver the completed form to MSMD, Custodian of Records at admin@meridianservice.org / Fax: 719-495-3349 / 11886 Stapleton Drive, Falcon, CO 80831

Name: _____ **Date:** _____

Organization represented (if any): _____

Address: _____

Phone: _____ **Email:** _____

Name of document(s) requested: _____

Preferred Method of Delivery: Mail / Email / Fax / Pick up / Other: _____

If the document name is unknown, provide a brief but specific description. Include dates, type of document, parties involved, etc. Broad, vague, or voluminous requests cause delays or may be denied.

Please note that personally identifiable information (PII) such as place and date of birth, home address, social security number, physical description, photograph, or signature of any person is always redacted prior to release of public records. Likewise, electronic mail addresses provided by a person to the department to aid in future communication are not disclosed to the public. Some records, such as tax or driving records, may be protected from disclosure to anyone but the person in interest, while other records are entirely exempt from public inspection due to statutes that specifically prohibit their release.

If the records are available pursuant to law, the records will be made available for viewing within three working days. If extenuating circumstances exist so that the Custodian cannot gather the records within three working days, the period will be extended an additional seven working days. Please refer to the District's Colorado Open Records Act Policy for more information. The Policy is available at the District's website, www.meridianservice.org.

Hard-copy documents cost \$0.25 per page unless actual costs exceed that amount, in which case, actual costs will be charged, plus staff time at \$30/hour if time involved exceeds 1 hour. All payments for public records must be received in advance of releasing the requested records and a deposit may be required.

 Signature of requestor



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For District Use Only

Request received by: _____ Date/ Time: _____ Estimated Cost \$ _____

Actual Cost: Copies _____ x .25 = \$ _____ Staff hours _____ x _____ (hourly rate) = \$ _____

Total Cost \$ _____ Amount paid \$ _____

Date request completed ____ / ____ / ____ By _____

Method of Delivery _____ Date _____ Time _____