

UPPER BLACK SQUIRREL CREEK  
GROUND WATER MANAGEMENT DISTRICT  
520 COLORADO AVENUE, SUITE C  
CALHAN, COLORADO 80808  
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**Upper Black Squirrel Creek Ground Water Management District  
Public Records Request Form**

The following request is made under the Colorado Open Records Statute:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Name: \_\_\_\_\_  
Organization Requesting (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Fax No. (optional): \_\_\_\_\_  
E-mail (optional): \_\_\_\_\_

Name of Document(s) requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the document name is unknown, provide brief, but specific description of document or information requested (note date of issuance and category, if known): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request for Copies (yes/no): \_\_\_\_\_

**The District's public records are governed by the Colorado Open Records Act (C.R.S. § 24-72-200.1 et seq.) and the following policies:**

**Review of Documents:** Each request to review public records maintained by the District shall be in writing using the attached Public Record Request Form and delivered via U.S. mail, hand-delivery, or emailed to the District. Requests must be specific as to the information requested. An e-mail address and fax number may be provided, if requestor desires.

The District will respond to all public record review requests within three (3) working days unless the request for records is voluminous, overly broad and/or the records are not otherwise readily available within three (3) working days. In that case, the District will advise the requestor, in writing, within three (3) working days, that the records are not readily available and the District will have an additional seven (7) working days to produce the records or will make arrangements with the requestor to produce the documents as soon as is reasonable and practical. Note that the District's working days are Tuesday through Thursday.

Records must be reviewed at the District's office and will be viewed only in the room designated by the District. Records may be reviewed during the business hours of 9 A.M. to 3 P.M., Tuesday through Thursday, and only by prior appointment with the District.

**UNDER COLORADO LAW, § 18-8-114 C.R.S., IT IS A CLASS 1 MISDEMEANOR FOR ANY PERSON TO KNOWINGLY MAKE A FALSE ENTRY IN OR ALTER ANY PUBLIC RECORD OR TO DESTROY, MUTILATE, CONCEAL, REMOVE, OR IMPAIR THE AVAILABILITY OF ANY PUBLIC RECORD, "PUBLIC RECORD" IS DEFINED IN § 18-8-114 C.R.S. AS ALL OFFICIAL BOOKS, PAPERS, OR RECORDS CREATED, RECEIVED, OR USED BY OR IN ANY GOVERNMENTAL OFFICE OR AGENCY.**

**Request for Copies:** If the request is for copies of public records, then the attached Public Record Request Form must be filled out and submitted to the District with a statement at the bottom of the form that the request is for copies of documents.

**Cost and Payment for Copies:** Charges for copying will be \$0.25 per standard page, unless the actual cost exceeds that amount. The District reserves the right to levy a reasonable fee for research and retrieval services.

All copying services must be paid for by cash or check made payable to the "Upper Black Squirrel Creek Ground Water Management District." No credit cards are accepted and no billing of third party vendor's services will be done by the District. The requestor will be notified when the copies are available for pick up.

Payment is due when the records are picked up or prior to mailing. If the request for copies of public records is substantial as determined by the District, the District reserves the right to require a deposit be made to cover the costs associated with the request, or to request a third party vendor make the copies.

For District Use Only

Response date: \_\_\_\_\_

Method of response (mail, email, etc.): \_\_\_\_\_

Time Spent by the District in assembling the records request: \_\_\_\_\_

Number of Pages: \$\_\_\_\_\_

Total Amount Due: \$\_\_\_\_\_

Records request completed by (Name & Title):

\_\_\_\_\_ Date: \_\_\_\_\_

Denial of request and basis of denial (if applicable): \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_