



MERIDIAN RANCH

A GOLF & RECREATIONAL COMMUNITY

12311 Rex Road, Falcon, CO 80831. Ph: 719-495-6567 Fax: 719-495-3349

Public Records Request

For

Meridian Service Metropolitan District and Meridian Ranch Metropolitan District

The District's records are governed by the Colorado Open Records Act (C.R.S. 24-72-201 et seq.) All requests for records will be governed by the Colorado Open Records Act as amended by the District's policies.

Note: Please allow three (3) working days for response. If a greater amount of time is needed to respond, you will be notified.

Cost: \$1.25 per page for standard photocopies per C.R.S. 24-72-205. If actual costs exceed this fee the requester will be charged the actual cost of the copies along with personnel time for research and copying. Colored copies are \$2.60 per page.

Denials of Request: A request shall be denied if and as required by the Colorado Open Records Act. Any denial may be appealed to the District Board of Directors for final decision by a written appeal specifying the records sought and such other information as the requestor believes may be helpful to the Board in making its decision. The written request shall be sent to the Official Custodian and the Attorney for the District.

Examination of Records: Persons inspecting records shall not take any action to change or alter any record.

Waiver: Nothing in this form waives any attorney-client privilege, deliberative process, privilege, or other privileges or law concerning records.

Personnel Information: If a person inspecting records finds a record that contains confidential commercial or personal information or that is privileged and that should not have been disclosed by the terms of the Act, the person finding the record is requested to inform the Official Custodian of the error and is requested, as a courtesy, to maintain the confidentiality of the information.

Payment: Due when records are picked up. If the request for documents 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. The final amount due will be paid at the time of pick up.

Date of Request:

Name: Phone #:

Address: City:

State: Zip: Email:

Description of the information desired: (Please be as specific as Possible)



(This section to be completed by District)

Response date: Method of response (mail, email, etc):

Number of pages: Total amount due:

Request completed by: Title:

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

Other: