



Date:

To:

RE: Colorado Open Records Act Request

As per your recent request regarding services provided by North Washington Street Water and Sanitation District, please provide the following information:

Name of person requesting information: \_\_\_\_\_

Address, phone and email phone number: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What type of records you requesting? \_\_\_\_\_

What years or months are you requesting? (Please note that we cannot access records prior to January 2019)

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

What is the reason for your request? \_\_\_\_\_

Our hourly rates to retrieve this information: First hour – no charge, \$33.58 per hour there-after.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGN NAME