

Round Mountain Water and Sanitation PO Box 86, 59000 N Hwy 69 Westcliffe, CO 81252 www.colorado.gov/rmwsd

THIS SECTION FOR TOWN USE ONLY	
Date/Time Received	
Initials	
Date Records Returned	

OPEN RECORDS REQUEST FORM (rev. 08.2010) Pursuant to the Colorado Open Records Act

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Requesting Party's Name:			
Organization Represented (if any)): 		
Contact Phone:	Contac	t Fax:	
Contact Email:			
Documents Being Requested: Please be as specific as possible. If record	ds relate to a specific property, please include the	e physical address (i.e.123 Main Street).	
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I would like to receive these do	cument via: 🔲 Email 📁 Pap	per Copies	
Comments:			
Pursuant to the Colorado Open i	Records Act, Round Mountain Water h	as 3 working days in which to respond to this re	quest.
Please print or sa	ove this form for your files and then submit Email: peggy.quint@rmwsd.co or office@rmwsd.com	·	
Do not write below t	this line - This section to be completed	by appropriate Department	
Response Date:	Response Time:	Initials:	
Method of Delivery:		Fee:	
Comments:			