



**PINEWOOD SPRINGS WATER DISTRICT (PSWD)**

*183 Cree Court, Lyons CO 80540*  
*303-823-5345*  
*www.pinewoodwater.specialdistrict.org*  
*pswdadmin@att.net*

**Colorado Open Records Act (CORA) Request Form**

**Filing Instructions:** return the completed form by email or post mail using the contact information above.

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

Organization represented (if any): \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of document(s) requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preferred Method of Delivery:** Mail/Email/Pickup/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 communications are not disclosed to the public. Some records may be protected from disclosure to anyone but the person of 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 (CORA) Policy for more information: [www.pinewoodwater.specialdistrict.org/transparency-and-cora](http://www.pinewoodwater.specialdistrict.org/transparency-and-cora)

Hard copy documents cost **25 cents per page** unless actual costs exceed that amount, in which case actual costs will be charged, plus staff time at **\$33.58 per hour** if the 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

**For District Use Only**

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

Actual Cost: Copies \_\_\_\_\_ x .50 = \$ \_\_\_\_\_ Staff hours \_\_\_\_\_ x \_\_\_\_\_ (hourly rate) = \$ \_\_\_\_\_

Total Cost\$ \_\_\_\_\_ Amount paid\$ \_\_\_\_\_

Date request completed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ By \_\_\_\_\_

Method of Delivery \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_