



**KIOWA WATER AND WASTEWATER AUTHORITY**

**OPEN RECORDS REQUEST**

**PLEASE PRINT**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Name of company represented: \_\_\_\_\_

Date of request: \_\_\_\_\_ Time of request: \_\_\_\_\_

Indicate the information you desire and/or list each requested document. Please be as specific as possible. Allow three (3) working days for a search of the records. Per the State of Colorado Open Records Act (C.R.S. 24-72-203), if the request is substantially large, an extension of seven (7) working days are permitted. You will be notified prior to the end of the three-day period of any extension and all estimated costs. A modification of the request is considered a new request.

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**Clerk Use:**

Staff will provide an estimate for any research time and copies involved, and a 50% to 100% deposit will be required prior to processing the request.

Amount of deposit required: \$ \_\_\_\_\_.



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Research Fees: \$41.37 per hour, after the first hour

Black & white copies: \$0.25 per one-sided page; color copies \$0.35 per one-sided page

Charges: \_\_\_\_\_ copies @ \$0.25/page \$ \_\_\_\_\_

Charges: \_\_\_\_\_ copies @ \$0.35/page \$ \_\_\_\_\_

Research: \_\_\_\_\_ hours x \$41.37 per hour \$ \_\_\_\_\_

Thumb Drive: \_\_\_\_\_ @ \$10.00 each \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Reasons for any denial of request:

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

KWWA  
404 Comanche St.  
P O Box 237  
Kiowa, Co. 80117  
303-621-2366  
kiowa@townofkiowa.com

Date of response: \_\_\_\_\_  
Time of response: \_\_\_\_\_