BEEBE DRAW FARMS AUTHORITY

PUBLIC RECORDS REQUEST FORM

For a request of public records subject to inspection pursuant to the Colorado Open Records Act (CORA) and the Authority's rules regarding Colorado Open Records Act requests (Rules), please provide the following:

Requestor Informa	tion:		
Request Date:			
Name:			
Company:			
Street Address:			
City:	State:	Zip:	
Email:	Phor	ne Number:	
Information Reque Describe in detail t document name(s) and	he information you are req	uesting. Be as specific as	s possible, including
Pursuant to the Ai	ethod (Check one): Electron uthority's Rules and CORA raphs requested, as well as r	, the Authority may cha	rge for any copies,
Signature:			

Submit this Form to the Authority Manager at Special District Management Services, Inc. 141 Union Blvd., Ste. 150, Lakewood, CO 80228 or via email: ljohnson@sdmsi.com.