

**Records Management Manual**

**Approval Request Form**

County    Municipality    School District/BOCES    Special District

**NAME OF ENTITY**

Cherry Creek South Metropolitan District No. 9

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**CONTACT PERSON/TITLE:**

Kristin B. Tompkins, Esq.

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303-858-1800

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afrisbie@wbapc.com

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**LOCAL EXCEPTIONS:**

*(List and provide basis and description of any local exceptions for records retention periods that are specified by formal direction of the local ordinance, Home Rule Charter provision, by board resolution or formal direction of the school board, governing body, etc., that differ from those set out in the Records Retention Manual for your specific entity. Use additional pages if needed.)*

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N/A

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THE ABOVE ENTITY HEREBY REQUESTS APPROVAL FROM THE COLORADO STATE ARCHIVES TO FOLLOW THE SPECIFIC ENTITY'S RECORDS RETENTION MANUAL, WITH THE LOCAL EXCEPTIONS INDICATED.

*Kristin B. Tompkins*

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SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE

9/25/2019

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DATE OF SUBMITTAL OF REQUEST FOR APPROVAL

*[Signature]*

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10/7/2019

SIGNATURE OF STATE ARCHIVIST AND DATE