

COLORADO OPEN RECORDS ACT (CORA)
REQUEST FOR OPEN RECORDS OF THE
_____ **DISTRICT**

Person Requesting Records:

Name: _____

Address: _____

Phone: _____ Email: _____

Itemize each document or piece of information being requested. Be specific as to Document Title, Dates and District personnel and/or other persons involved in the requested documents and communications.

- 1.
- 2.
- 3.
- 4.
- 5.

Fees Charged for Documents Request:

For the research, location, and retrieval of documents, there will be a \$30.00 per hour charge, with the first hour at no charge.

Copies in standard size and format will be charged at the rate of \$.25 per page. Copies for a format other than a standard page (such as photographs, large maps, printouts) will be charged at the actual cost of production.

A DEPOSIT IN THE AMOUNT OF \$ _____ FOR THE ABOVE CHARGES SHALL ACCOMPANY THIS FORM. YOUR REQUEST SHALL NOT BE CONSIDERED RECEIVED UNTIL BOTH FORM AND DEPOSIT HAVE BEEN SUBMITTED.

Please indicate how you would like transmission of the requested records:

___ inspect only. The Custodian of Records will contact you to set a time and place during normal office hours and the place for the requested records to be inspected

___ Transmitted via: ___ U.S. Priority Mail ___ email

For Custodian use only:

Request (completed form and deposit) received: _____

Requestor notified: documents ready for inspection/transmission: _____

Requester notified on _____ that deadline for inspection/transmission is extended to: _____