

# COLORADO OPEN RECORDS ACT (CORA) REQUEST FORM

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

Requesting Party: \_\_\_\_\_

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

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

Email: (if requesting email delivery: \_\_\_\_\_)

**DOCUMENT REQUEST** (List and be as specific as possible including dates/times and titles for each/all documents requested. The District has three days to respond and fulfill CORA requests).

## DOCUMENT REVIEW PREFERENCE (IF AVAILABLE):

In Person at Golden Gate Fire Station One (Custodian of Records will be present)

Email (scanned copy)

PHOTOCOPIES

OTHER: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Custodian Signature: \_\_\_\_\_