

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: _____