



Date: _____

Colorado Open Records Act (CORA) Request Form

Name of Requesting Party: _____

Contact Information: (phone and/or email address)

Request: (please be as specific as possible)

Document Review Preference: (if options are available)

In person

Email

Photocopy

Other: _____

The initial request for information by a person, agency, association or affiliated group will be charges at the rate of the first hour for free, additional time will be charged at \$25 per hour for all staff time and 25 cents per page. Subsequent requests for information by the same person, agency, association or affiliated group will be charged at the rate of \$25 per hour for staff time and 25 cents per pages, with no free hour.

Estimates of costs for all requests will be provided and payment will be due in advance. If the necessary time exceeds the estimate the party or parties requesting the information will be notified that additional time is needed, an estimate will be provided, and payment will be due in advance