



## Colorado Open Records Act (CORA) Request Form

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

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 in County office/department

Email

Photocopy

Other: \_\_\_\_\_