



***Washington County
Commissioners
150 Ash Avenue
Akron, Colorado 80720
Ph: 970-345-2701 Fax: 970.345.2702***

CORA Request Form

Please provide your information.

Requestor's Name

Email Address

Phone Number/ Cell Phone Number

Mailing address with City, County and Zip Code

List information requested.

List information requested.

Be aware personally identifiable information (PII) defined by C.R.S. 24-72-302 (2) and C.R.S. 24-72-204 (VII) contained in Department records will be redacted from CORA responses. In addition basic identification information defined by C.R.S. 24-72-302 (2) (2) as "the name, place and date of birth, last-known address, social security number, occupation and address of employment, physical description, photograph, handwritten signature, sex, fingerprints, and any known aliases of any person. C.R.S. 24-72-204 (VII) Electronic mail addresses provided by a person to an agency, institution, or political subdivision of the state for the purpose of future electronic communications to person from the agency, institution, or political subdivision" will not be included. Fees for documents requested under CORA may be imposed in accordance with the County's CPRA Policy. Any research and retrieval fees may be charged for CORA requests in accordance with the hourly rate in the County's CORA policy.

Information Requested

Method of Delivery:

Mail___, Email___, or Pick Up___ (Audio and video cannot be emailed)

Your signature acknowledges that you will pay all fees associated with this records request (all payments must be received in advance of realizing the requested records) and that information requested will not be used for the direct solicitation of business for pecuniary gain. ___ I have read and agree to the terms and the conditions stated above. (Check here is submitting electronically)

Signature: _____ Date: _____

SECTION BELOW TO BE COMPLETED BY THE ASSIGNED RECORDS PERSONNEL

Request Received By: _____ Date: _____ Time: _____

COMMENTS:

Request Completed By: _____ Date: _____ Time: _____

COST:

\$ _____ PAID _____ CHK _____ DATE _____ UNPAID _____ MEDIA _____
ADDITIONAL TIME REQUESTED YES NO DATE _____