

John Galusha, Chairman
Arica Andreatta, Commissioner
Karl Sporleder, Commissioner



Board of County Commissioners

COLORADO OPEN RECORDS REQUEST FORM

Date: _____

Requestor's Name: _____

Organization represented (if any): _____

Address: _____

Telephone (with area code): _____

Fax (with area code): _____

Email: _____

Name of document(s) requested, including the department where the document(s) originated:

Signature of Requestor: _____

For Official Use Only:

Time spent by staff in assembling the records request: _____ Number of pages: _____

Cost: \$ _____ See reverse side for itemized costs.

Records request received by: _____ Date: _____ Time: _____ a.m. or p.m.

Date Completed: _____

CORA REQUEST FEE SCHEDULE

1. Research Man Hours (first hour is free after that it is \$25.00 per hr)

Total Man Hours: _____ Fee: _____

2. Cost per printed page is \$.25

Total Number of pages: _____ Fee: _____

3. Cost of Media (Choose media type)

a. USB Drive is \$3.69 Fee: _____

b. CD is \$4.29 Fee: _____

c. Other _____ Fee: _____

Total Cost: _____