July 1, 2016

Policy Title: Colorado Open Records Act (CORA) Requests

Effective Date: 1 July 2016

Summary: Provides policy on the handling and disposition of CORA requests

Applicability: All CORA Requests

Staff Proponent: Resource Director/Legislative Liaison

Supersedes: Previous Policy dated 01 August 2010

Purpose: Provide guidelines for DMVA employees to ensure compliance with CORA (CRS 24-72-201 to CRS 24-72-309)

Background: The Colorado Open Records Act requires departmental records to be made available to the public (within appropriate guidelines). It is the intent of the Department of Military and Veterans Affairs to be compliant with spirit and letter of the law and to provide outstanding customer service to requestors.

Definitions: None

Policy:

1. CORA requests received by an employee of the DMVA or associated Federal entity will be forwarded to the Assistant to the Deputy Executive Director where it will be logged and routed to the appropriate department.

2. CORA requests will not be answered without the review of the Resource Director and/or Deputy Executive Director to ensure compliance with statutory obligations.

Procedures:

COLORADO OPEN RECORDS ACT (CORA)
INSTRUCTIONS FOR PUBLIC REVIEW

1. An appointment should be made to review files.

2. File requests can be submitted in writing by letter, fax, or e-mail, or telephoned to:

   Assistant to the Deputy Executive Director
   Colorado Department of Military and Veterans Affairs
   6868 S. Revere Parkway
   Centennial, Colorado 80112-6703
All requests should include the following information:

- date
- company name
- requestor’s name
- address
- telephone number
- detailed description of documents requested

Upon receipt of the request a computer search is done. All information is collected, the requestor is notified, and a time is scheduled for the review. All requests will be responded to within three days. Large requests may be responded to within seven days. Reviews will take place during regular business hours, Tuesday through Friday 8 a.m. to 12 p.m. and 1 p.m. to 4 p.m. Files will be reviewed on the premises.

At the time of the review all requesters will be required to provide photo identification such as a Driver’s License or state photo identification prior to the review. The identification will be returned when the review is completed.

The requestor may take notes, bring tape recording devices, and/or portable computers. Outside photocopiern jes are not allowed.

A fee of $25/hr. is assessed for all records collection activities after the first hour. Charges will not exceed the actual cost for record retrieval.

Copies (up to 30) can be provided the day of the review at a cost of $.25 per page. Any copying job over 30 pages will be available within three days, for pick-up or mailing at a cost of $.25 per page plus the cost of postage (if required). Payment in the form of cash or check must be made at the time the copies are received in person or prior to mailing. We do not accept credit cards and cannot bill for services. The format of provided documents cannot be specified by the requestor, but the Department will attempt to comply with all requests.

Official:

[Signature]
H. Michael Edwards, Maj Gen COANG
The Adjutant General

Distribution: All State Employees
Federal Supervisors
COLORADO OPEN RECORDS ACT (CORA)
REQUEST FOR INFORMATION FORM

Business Hours: 7 a.m. – 12 p.m. and 1 p.m. – 4 p.m. Tuesday through Friday
Telephone: 720-250-1515 Fax: 720-250-1519

Date: ________________________________

Requestor Name: _________________________________________________________

Company Name: ___________________________________________________________

Telephone Number: _________________________________________________________

Fax Number: ___________________________________________________________________

Request: ____________________________________________________________________

Date Ready: ________________________________

Information Requested (by type and/or number): ________________________________

_________________________________________________________________________

Information Found (by type and/or number): ________________________________

_________________________________________________________________________

Date Reviewed: ________________________________

The undersigned hereby agrees to reimburse the Colorado Department of Military and Veterans Affairs for the costs associated with this Colorado Open Records Act request.

Name: _________________________________________________________________

Date: ___________________________________________________________________