

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: 720-2501515 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 reques t
Name:
Signature:
Date: