



311 N. Henson St. Lake City, CO 81235 970-944-2225 administrator@hinsdalecountycolorado.us

PUBLIC RECORD REQUEST (CORA)

Date: _____

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone: _____

E-Mail Address: _____

Please indicate the information desired and/or list each requested document. Please be as specific as possible. Audio files can be copied to a CD or a supplied flash drive.

Pursuant to 24-72-203 C.R.S., three (3) working days may be allowed for a search of records. This may be extended by seven (7) working days for extenuating circumstances, to include the records being in active use, in storage, or otherwise not readily available.

Charges (to be completed by Administration Staff):

Paper copies:

First hour of staff time to complete request = free

Per page copy/scan fee = _____ pages at \$0.25 per page = \$ _____

Staff time = _____ hours (beyond the initial hour) x employee hourly rate (not to exceed \$30/hour) of _____ per hour = \$ _____

Audio recording: \$20 on CD or supplied flash drive.

Total charge (must be paid before records are released) = \$ _____

Staff Use Only: Date Received _____ Time Received _____

Date Completed: _____ Completed By: _____