PUEBLO CITY-COUNTY
Library District
www.pueblolibrary.org

Reference and Information Services

03.04.01.F1 Colorado Open Records Act (CORA) Request Form

Requester Information:

Name: _____ Date: _____

Organization (if applicable): _____

Address: _____

Phone: _____ Email: _____

Description of Records Requested: (Please describe the records with as much detail as possible, including dates, subjects, titles, or departments. Attach additional pages if necessary.)

_____

_____

I would like to receive my request by: ☐ Email ☐ Mail ☐ In-person: _____ (initial upon receipt)

Acknowledgment: I, _____ (printed name) understand that:

- PCCLD will respond within 3 business days unless extenuating circumstances exist (C.R.S. § 24-72-203).
- Fees may apply: $0.25 per page for standard copies; actual cost for larger documents; $41.37/hour after the first free hour of staff time for research/retrieval.
- Some records may be withheld or redacted as required by law.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Request Received by _____ Date: _____

Request Fulfilled by _____ Date: _____

Request Delivered by ☐ Email ☐ Mail ☐ In-person

Fee Amount $ _____ Paid in ☐ Cash ☐ Check ☐ Credit Card

☐ Fee Waived ☐ Waived by _____ (Printed name)

_____ (Signature)