



# 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.)

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**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 per hour after the first free hour of staff time for research/retrieval. Postal fees will be charged for records delivered via mail.
- Some records may be withheld or redacted as required by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* NOTE: All completed forms must be submitted to the Executive Director's office*

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**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)