

TELLER COUNTY GOVERNMENT

Colorado Open Records Act (CORA)

Request Form

Name of Requestor	
Organization	
Address	
Phone	
Email	

Date of Request	
I have read and understand the Teller County CORA Policy.	Signature:

Describe What Public Records are Requested

Mail completed form to:

Teller County Administration Office
PO Box 959
Cripple Creek, CO 80813

For County Use

Date Request Received	
Received By	
Screened by County Attorney	YES NO
Request Logged Date	
Request Assigned To	
Request Denied Date	

Number of Hours to Complete Request	
Materials to Complete Request	

Date Request Satisfied	
How Satisfied	
Total Cost of Request (if applicable)	
Payment Received (if applicable)	

If request is denied, reason(s) for denial:

Request Closed: _____ By: _____