

**CANON CITY AREA FIRE PROTECTION DISTRICT
RECORDS REQUEST FORM
COLORADO OPEN RECORDS ACT (CORA)**

Date

Requestor's Information

Last Name: First: MI: Suffix:

Organization Represented (if any):

Address: City: State: Zip:

Telephone: Fax:

Email address:

Verify email address:

Name of specific document(s) requested:

FILING INSTRUCTIONS: After filling out the form, print it, or save it as a PDF file. Then return it by fax to (719) 275-1486, by email (record_request@canonfire.org) or in person to the Canon City Area Fire Protection District, 3016 East Main Street, Canon City, CO 81212.

FOR OFFICAL USE ONLY:

Record request received by: _____ Date: _____ Time: _____

Date ready: _____ Number of pages: _____

Date requestor was notified: _____ Date reviewed: _____

Staff time to retrieve/Copy records: _____

Staff time fee: \$ _____ Copy fee: \$ _____ Total fees due: \$ _____

Date request closed: _____

Additional comments: _____

