



COLORADO OPEN RECORDS ACT (CORA) REQUEST

To be Completed by Requester:

Name:

Company:

Phone Number:

Mailing Address:

Email Address:

Provide detailed description of records you are requesting:

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To be Completed by Genesee Water & Sanitation District:

Estimated Research Cost:

Estimated Copying Cost:

Deposit Required:

Request Received By:

Name:

Date:

Sign:

Title:

Comments:

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