



Date of Request:		
Requestor's Name:		
Requestor's Address:		
City:	State	Zip
Mailing Address [] Same as Above		
City:	State	Zip
Phone Number:	Email:	

RECORDS REQUESTED

Describe in detail the requested document(s) that you would like to inspect or request copies of.

I, the requestor of the above-mentioned documents understand that I may be charged for the public records requested in accordance with the Colorado Open Records Act (CORA) and the Delta County Public Records Act Policy. I further acknowledge that some records may not be available for release or inspection per state and federal law and if any such records are not available, I will be notified by Delta County. I confirm my request for records described and agree to pay all fees for records requested in advance of any records being made available.

Requestor's Signature	Date
-----------------------	------

- DELTA COUNTY STAFF USE - COST ESTIMATE FOR RECORDS REQUESTED

Upon receipt of the request, Delta County staff will respond with a cost associated with processing the request. **Fees for a CORA request must be paid for in full before records are released.** Please make checks payable to Delta County and mail check with copy of completed form back to 560 Dodge Street, Delta, CO 81416 – Attn: CORA Custodian. To pay online, visit the Delta County Treasurer website at: <https://pay.govpros.us/CO/Delta/treasurer> - On the payment screen, you must put account # **0010-1250** in the "Account Number(s)" field, and in the "payment notes field", note that it is for a CORA request include the date of the original CORA Request. If you have questions or issues, 970-874-2108.

Qty	Description	Cost
	Pages at \$0.25 per page	\$
	Hours of staff time to research and retrieve request at \$30 per hour	\$
Total Cost of Request:		\$

Request processed by:

Date Request Received:

Date Payment Received:

Date Records Released: