

City of Las Animas

CORA REQUEST

INFORMATION REQUEST FORM

Name:

Date of Request:

Address: City: State: Zip:

Phone: Day: Evening:

Records Requested: (attach separate page(s) as needed)



(Request should be sufficiently specific to allow City to prepare or gather the records requested) (Pursuant to § 24-72-203, C.R.S. three (3) working days may be allowed for a search of the records. This may be extended by seven (7) working days for extenuating circumstances to include records not readily available.)

INVOICE

Copies of available records at \$0.25 per page: \$ _____

AND/OR

Fee for manipulation of data to generate requested record:

Staff Research Time: _____ hrs. x \$ 41.37 per hr.: \$ _____ (after 60 minutes)

Staff Computer Input Time: _____ hrs. x \$ 41.37 per hr.:
\$ _____
(after 60 minutes)

Copy costs at \$0.25 per page: \$ _____

Other costs (cost of CD or drive): \$ _____

TOTAL \$ _____

(The City Of Las Animas may require a deposit for extended work)