



El Paso County Department of Health & Environment
301 S. Union Blvd.
Colorado Springs, CO 80910

REQUEST FOR INSPECTION OF PUBLIC RECORDS (CORA)

DATE OF REQUEST: _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING THE COST FOR COPYING, FAXING OR MAILING PUBLIC RECORDS. I ALSO UNDERSTAND THAT I CANNOT REMOVE OR ALTER ANY RECORD IN A FILE.

THE FOLLOWING ARE PUBLIC RECORDS WHICH I REQUEST TO INSPECT:

Document(s) requested: _____

Address of file requested: _____

How to contact EPCDHE Environmental Health Program: Phone 719-578-3199. Fax 719-578-3188.

APPLICANT INFORMATION:

Applicant's Name/Business (print) _____

Applicant's Signature: _____

Home/Business Address: _____

City/State/Zip: _____

Day Phone Number: _____

There is no charge to review records in person. Faxing or mailing records is not required by CORA. Make a selection below on how you wish to review records. Note the applicable fees at bottom of this form.

____ I request to review information in person. You will be contacted by phone when information is ready.

____ I request to have information faxed to me at: _____

____ I request that information is mailed to me at the address above.

HEALTH DEPARTMENT USE ONLY:

REQUEST: _____ APPROVED _____ NOT APPROVED: REASON FOR NOT APPROVED _____

Name of Employee's Handling Request: _____

Date/Time/Place Public Record Will be Available: _____

Date and Approximate Time Request Was Completed: _____

____ Photocopying Fee - # Of Pages @ \$0.25/ea (first 5 pages are free) \$ _____

____ Fax or Mail Fee (if applicable) - \$5.00 \$ _____

____ File Search Fee (if applicable) - \$50.00 \$ _____

____ Other record reproduction fee (if applicable) \$ _____

TOTAL \$ _____

CASH, CHECKS AND VISA/MASTERCARD

VISA/MASTER CARD NUMBER:

EXPIRATION DATE: