



Prevent • Promote • Protect

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044  
Colorado Springs, CO 80907  
(719) 578-3199 *phone*  
(719) 578-3188 *fax*  
[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)

**REQUEST FOR INSPECTION OF PUBLIC RECORDS (CORA)**

DATE OF REQUEST: \_\_\_\_\_

**I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING THE COST FOR COPYING 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 EPCPH Environmental Health Division: Phone 719-578-3199; Fax 719-578-3188; Email [healthinfo@elpasoco.com](mailto:healthinfo@elpasoco.com)**

**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 or to receive them via fax or email. 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 the 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 or emailed to me at: \_\_\_\_\_

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

**Public Health use only:**

REQUEST: \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED: REASON FOR NOT APPROVED \_\_\_\_\_

Name of Employees Handling Request: \_\_\_\_\_

Date and Time Request Completed: \_\_\_\_\_

Copying Fee - First 5 pages are free then \$0.25 each additional page \$ \_\_\_\_\_ (maximum charge \$5.00)

**CASH, CHECKS AND VISA/MASTERCARD ACCEPTED**