



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

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

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