



El Paso County Public Health/Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907-9444
Phone 719-578-3199 Fax 719-578-3188

REQUEST FOR INSPECTION OF PUBLIC RECORDS (CORA)

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: DATE OF REQUEST:

Document(s) requested:

Address of file requested:

Fax Request to: Fax 719-578-3188 Email Request to: healthinfo@elpasoco.com Bring in Request to: Above Address.

PLEASE ALLOW 2 BUSINESS DAYS TO PROCESS YOUR REQUEST

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.

- I request to review information in person (no appointment necessary). (\$0.00)
I request to have information faxed to me at: (\$5.00)
I request to have information emailed to me at: (\$5.00)

Health Department use only:

REQUEST: [] APPROVED [] NOT APPROVED - Reason:

Name of Employee's Handling Request:

Date and Time Request Completed:

Copying Fee - First 5 pages are free then \$0.25 each additional page \$ (maximum charge \$5.00)
Fax or Email Fee (if applicable) - \$5.00 \$
File Search Fee (if applicable) - \$50.00 \$
Total \$

Credit Card Number: Exp Date: Verification Number:

CASH, CHECKS AND VISA/MASTERCARD ACCEPTED