



Kit Carson County Health Service District

Rooted in excellence. Growing in trust.

Colorado Open Records Act (CORA)

Request Form

Date: _____

Name of Requesting Party: _____

Contact Information: Mailing Address with City, County and Zip Code:

Request: (please be as specific as possible):

List information requested.

Be aware personally identifiable information (PII) defined by C.R.S. 24-72-302 (2) and C.R.S. 24-72-204 (VII) contained in Department records will be redacted from CORA responses. In addition basic identification information defined by C.R.S. 24-72-302 (2) (2) as "the name, place and date of birth, last-known address, social security number, occupation and address of employment, physical description, photograph, handwritten signature, sex, fingerprints, and any known aliases of any person. C.R.S. 24-72-204 (VII) Electronic mail addresses provided by a person to an agency, institution, or political subdivision of the state for the purpose of future electronic communications to person from the agency, institution, or political subdivision" will not be included.

Information Requested:

Method of Report Delivery:

- Printed Copy to be picked up
- Mail to Requestor
- Emailed to Requestor (if applicable)

Please return this form to: _____

Kit Carson County Health Service District
286 16th Street, Burlington CO 80807