

OLATHE FIRE PROTECTION DISTRICT
“OFPD”
COLORADO OPEN RECORDS ACT (CORA)
REQUEST FOR INFORMATION FORM

Date: _____

Requestor Name: _____

Company Name: _____

Requestor Address: _____

Telephone Number: (____) _____

Fax Number: (____) _____

Requestor will review records at the OFPD offices, pick up copies of records from the OFPD offices, or request digital form be emailed to _____.

Request: (please provide detailed information)

Date Ready: _____

Requested: _____

Found: _____

Files: Type: _____

Date Reviewed: _____

The undersigned hereby agrees to reimburse OFPD for the reproduction costs associated with this Colorado Open Records Act request in accordance with the Fee Schedule.

Requestor: _____

Date: _____