EXHIBIT 1 TO CORA POLICY

CORA REQUEST FORM FOR
ST. VINCENT GENERAL HOSPITAL DISTRICT

Date of Request: _____

Name of Requesting Party: _____

Contact Information

Email: _____

Phone: _____

Address: _____

Are you a Resident or Property Owner in the District: ☐ Yes ☐ No

Public Record(s) Requested (please be as specific as possible):

_____
_____
_____
_____
_____

Dates Applicable to Request: From _____ To: _____

Document Review Preference: (if options are available)
□ In person
□ E-mail
□ Photocopy
□ Other (specify below):

_____

Do you need record(s) provided in an accessible format due to a disability defined under Colorado House Bill 21-1110? ☐ Yes ☐ No

DEPOSIT: Any request estimated to exceed $50.00 in Fees authorized by the District's CORA Policy will be required to submit a deposit in an amount determined by the Official Custodian based on estimated costs.

In order to limit charges, requests should be as specific as possible. Requestor is responsible for all charges incurred by the District including any unwanted information received due to the inability to make a specific request. Please note that submittal of this Form most likely creates an open record subject to CORA.