



Crystal Lakes Fire Protection District

237 Blackfoot Rd Red Feather Lakes, CO 80545

clvfd.org

APPLICATION FOR RECORDS – CORA

The following information is required to identify the proper record:

Type of record requested: _____

Date of record (if known): _____

Description/Name of record being requested: _____

FEES: Printouts and copies are charged at \$0.25 per 8.5x11 inch page

No charge to people or businesses named as victims/owner in an incident report No per page charge for electronic records unless copies are requested.

Person requesting record: _____
Last First Date of Birth

Email address: _____

Mailing address: _____

Physical address: _____

Phone number(s): _____

Business name requesting record: _____

Business address: _____

Phone number(s): _____

By signing below, I affirm that the names, addresses, telephone numbers and any other information in this record shall not be used for the purpose of soliciting business for pecuniary gain.

Signature: _____ Date: _____ Official Use

Only: _____

Mail completed form to: CLFPD Custodian of Records/Secretary, 237 Blackfoot Rd, Red Feather Lakes, CO 80545 or
Email completed form to: CLFPD Custodian of Records/Secretary, secretary@clvfd.org