Southgate
WATER & SANITATION DISTRICTS

COLORADO OPEN RECORDS ACT (CORA) REQUEST

To be Completed by Requester:	
Name:	
Company:	
Phone No.:	
Mailing Address:	
Email Address:	

Provide detailed description of records you are requesting:

To be Completed by Southgate:	
Estimated Research Cost:	
Estimated Copying Cost:	
Deposit Required:	

Request Received By:

Sign: _____ Date: _____

Name: _____ Title: _____

Comments: