



**Town of Ordway**

**232 Main Street, Ordway, CO 81063**

**719-267-3134 Office**

**719-267-3192 Fax**

## CORA REQUEST

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Information needed

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\_\_\_\_\_

I understand that all request for information from the Town of Ordway will be forwarded to the Town Attorney for review before being delivered to requesting individual.

Signed \_\_\_\_\_

Date \_\_\_\_\_