ADAMS COUNTY RETIREMENT PLAN
OPEN RECORDS REQUEST FORM

For records requested pursuant to the Colorado Open Records Act,
C.R.S. § 24-72-201 et seq. (“CORA”).

Date: __________________________

Name of Requesting Party: ______________________________________________________

Contact Information: (phone and/or email address)

Request: (please be as specific as possible, including date ranges where applicable)

Document Review Preference: (if options are available)

☐ In person in Retirement Office

☐ Email

☐ Photocopy

☐ I will pick up at Retirement Office

☐ Mail to this address: ________________________________

________________________________________________

☐ Other: __________________________________________

Please Note: Pursuant to Colorado Revised Statute § 24-54-115, all information contained in records of members of the Plan, former members, inactive members, or benefit recipients and their dependents shall be kept confidential by the Plan.