

# CORA Document Request



CCWCD  
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Greeley, CO 80634  
Phone: 970-330-4540  
Fax: 970-330-4546  
www.ccwcd.org

Date:

New  Existing

Name:

Company:

Job title:

Address:

City:  State:  Zip:

E-mail:

Phone:

Cell Phone:

## Document Type

Invoice:

Communication:

Legal:

Minutes:

Other:

## How should we contact you?

- E-mail  
 Phone  
 Cell Phone

## Ideal time to contact you:

Date:

Time:

Describe the request in detail (use back of form if needed):

Estimated time to complete request will be charged at up to \$30.00 per hour.

Estimated number of hours:

Estimated amount:

Deposit received:

Balance due upon receipt:

## Internal Use Only

Handled By	Hrs.	Date

\_\_\_\_\_  
Signature