



REQUEST FOR RECORD COPY/INSPECTION CITY OF ABILENE, KANSAS

To be completed by requester:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF REQUEST: _____

COPIES REQUESTED: Please provide as specific a description as possible of the record(s) you desire copies of. Include record titles and dates, as well as the names of City departments that produced or hold the record(s).

RECORD TITLE/DATE/DEPARTMENT

NUMBER OF COPIES

I hereby declare that I do not intend to, and will not:

- (a) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or
- (b) Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person who resides at any address listed.

Requestor Signature

Date

TO BE COMPLETED BY RECORD CUSTODIAN:

Charges: A charge for providing access to public records is authorized by state law and has been established by the City governing body. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee schedule established by the City of Abilene is the actual cost of staff time required to compile the information requested plus copying fees of \$1.00 for the first page and \$.50 per page thereafter. Prepayment of the fee may be required.

Prepayment for the above request: _____ is required _____ is not required

Request: Date _____ Access Provided: Date _____
 Time _____ am/pm Time _____ am/pm

Charge for copies: \$ _____

Staff time Charge: \$ _____

Other Charges: \$ _____

Total Charges: \$ _____

RECORDS CUSTODIAN: _____