

REQUEST FOR COPY OF OPEN RECORDS
CITY OF MISSION HILLS, KANSAS

REQUESTER'S NAME: _____

PHONE NUMBER: _____

ADDRESS: _____ (Street)

_____ (City, State)

SIGNATURE: _____

RECORD SOUGHT: Please provide as specific a description as possible of the record(s) you desire to copy. Include record titles and dates, as well as the names of City agencies or departments which produced or hold the record(s):

	# of copies
_____	_____
_____	_____
_____	_____

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the City. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request.

Prepayment of the above amount is: Required Not Required

(To Be Completed by Record Custodian)

Date & Time of Request:

Date & Time Provided:

Date: _____

Date: _____

Time: ____:____ AM / PM

Time: ____:____ AM / PM

Request Made By: Mail Phone In Person E-mail Other

Staff Time Involved: _____ Hours _____ Minutes X \$ _____ (hourly rate) = \$ _____

Number of copies: _____ X \$.25/copy = \$ _____

Total Charges: \$ _____

Prepaid

Paid

Record Custodian