

REQUEST FOR RECORD COPY

CITY OF COFFEYVILLE

(To be completed by requester) PLEASE PRINT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COPIES 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 produce or hold the record(s):

<u>RECORD TITLE / DATE</u>	<u>NO. OF COPIES DESIRED</u>
1. _____	_____
2. _____	_____
3. _____	_____

CHARGES: A charge for providing copies of 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 is posted in this office.

The charge to you for copy(s) of the record(s) you have requested is: \$ \_\_\_\_\_

Prepayment of the above amount: \_\_\_\_\_ is required \_\_\_\_\_ is not required

YOUR COPY OF THIS FORM IS YOUR RECEIPT.

(Office use only)

Date of request: \_\_\_\_\_ Time of request: \_\_\_\_\_ A.M. / P.M.

Date of Access: \_\_\_\_\_ Time of Access: \_\_\_\_\_ A.M. / P.M.

Staff time involved: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Charge per page copied: \$ \_\_\_\_\_ Charge for use of non-office copy equipment: \$ \_\_\_\_\_

Total Charges: \$ \_\_\_\_\_

Prepaid \_\_\_\_\_

Paid \_\_\_\_\_

Billed \_\_\_\_\_

\_\_\_\_\_  
Record Custodian Signature