

REQUEST FOR RECORD INSPECTION
CITY OF FORT SCOTT, KANSAS

NAME: _____

ADDRESS: (Street) _____
(City, State) _____

I certify 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 listed or to any person who resides at any address listed. K.S.A. 45-220

SIGNATURE: X _____

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

1. _____
2. _____
3. _____

CHARGES: A charge for providing access to public records is authorized by State Law. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request.

The charge to you for access to the record you requested is \$ _____.

Pre-payment of the above amount

_____ is required _____ is not required

Your copy of this form is your receipt.

(To be completed by Record Custodian.)

Request Date/ Time: Date: _____ Access Date/ Time: Date: _____
Time: _____ : _____ AM / PM Time: _____ : _____ AM / PM

Staff Time Involved: _____ hours _____ minutes

_____ copies at \$.20 per copy

Charges: \$ _____

X _____

Prepaid: _____

Signature, Record Custodian

Paid: _____

Billed: _____