

THIS REQUEST MAY BE REJECTED UNLESS ALL ITEMS ARE COMPLETED AND CORRECT FEES SUBMITTED

REQUEST FOR RECORD CITY OF WEIR, KS

NAME (print): _____

ADDRESS (street): _____

(City): _____

(State): _____

TELEPHONE: _____

SIGNATURE: _____

Copies Sought: Please provide a specific description of the record(s) you desire to inspect. Include record title, date, originating city agency/department, or any other pertinent information:

Record Title/Date	Originating Agency/Department
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(To be completed by Records 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 record requests.

Prepayment of the above request: Required _____ Not Required _____

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

Pages Copied: _____ B/W Pages @\$.25 per page \$ _____

Staff Time Involved: _____ Hours @ \$20.00 per hour \$ _____

Other Charges: _____ \$ _____

Total Charges: \$ _____

Prepaid _____

Paid _____

Billed _____

Records Custodian