REQUEST FOR RECORD COPY
CITY OF CHANUTE

(To be completed by Requester)

Name: _____

Address: _____(Street)

_____(City,State)

Identification Provided:_____

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 produced or hold the record(s):

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

STATE OF KANSAS, COUNTY OF NEOSHO, SS:

_____, of lawful age, being first duly sworn, hereby certifies that the Undersigned has a right of access to the above referenced records and does 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.

_____

Subscribed and sworn to me this _____ day of _____ , 20_____.

_____

My appointment expires: Notary Public

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 copies of the record(s) you requested is $_____.

Prepayment of the above amount _____ is required _____is not required.

Your copy of this form is your receipt.

(To be completed by Record Custodian)

Time of Request: Date_____ Time _____AM/PM

Time Access Provided: Date_____ Time_____AM/PM

Staff Time Involved: Hours _____ Minutes_____

Charges $_____

Prepaid $_____

Paid $_____

Billed $_____

_____

RECORD CUSTODIAN