



REQUEST FOR RECORD COPY

City of Prairie Village, Kansas

(To be completed by Requestor)

PRINTED NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP _____
SIGNATURE: _____

COPIES 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 which produced or held these record(s):

(To Be Completed by Record 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 your request. The fee schedule established by the City is available for your review.

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

Time of request: Date: _____ **Access Provided:** Date: _____
Time : _____ AM/PM Time _____ AM/PM

Staff Time Involved: _____ Hours _____ Minutes _____ Charge

Number of Pages Copied: _____

50 cents per page for the first 10 pages, 10 cents for each page after.

Total Charges:
Prepaid \$ _____
Paid \$ _____
Billed \$ _____
Total \$ _____

Record Custodian