



REQUEST FOR RECORD COPY

CITY OF SEDGWICK

520 N. Commercial, PO Box 131, Sedgwick, Kansas 67135

To be completed by requester-PLEASE PRINT

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY/STATE/ZIP: _____

SIGNATURE: _____

COPIES SOUGHT: Please provide a specific description 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):

	Record Title/Date	No. of Copies Desired
1.	_____	_____
2.	_____	_____
3.	_____	_____

CHARGES: A charge for providing copies of public record 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 is listed below:

- Black/white copies = .25 each
- Colored copies = 1.00 each
- Staff Time = \$3.00 per quarter hour

Copies will be available within (3) three business days from request.

(TO BE COMPLETED BY RECORD CUSTODIAN)

The approximate charge to you for your copy(s) of the record(s) you requested is \$_____.

Prepayment _____ is required _____ is not required

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

Staff time involved: _____ Hours _____ Minutes

Copy charges \$_____ Time charges \$_____ Total Charges \$_____