KIOWA COUNTY

REQUEST FOR RECORD INSPECTION OR FOR A COPY

(The section below is to be made by the person making the request)

DATE: _____

NAME: _____
ADDRESS: _____
CITY/ZIP: _____
PHONE: _____
FAX: _____

I certify that I do not intend to, and will not: (1) Use any list of names or addresses contained in or derived from the records or information requested 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 (2) 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 sell any property or service to any person listed or to any person who resides at any adress listed.
See K.S.A. 21-3914.

Signature: _____

RECORD SOUGHT: Please provide as specific a description as possible of the records you desire to inspect or for which you request a copy. Include records titles and dates as well as the name of the office which holds the records.

Description of Record   # of copies desired   _____
    1 _____
    2 _____

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the Kansas Supreme Court. Charges are set to compensate for the actual costs in honoring your request. The fee schedule established for this office is posted in the Clerk's office. The charge for access to and/or copies of the records you have requested is estimated to be $1.00 per paper page. Staff time that results in more than an hour of research will be charged $25 per hour. Fees are collected before records are released.

(The section below is to be completed by the Record Custodian)

Time of Request: _____
                        (Date)   (Time)   (Person receiving request)

Records Provided or denied: _____
                                 (Date)   (Time)   (Person receiving request)

Staff time involved: _____hrs _____min for a charge of $_____

Charges for copies made: $_____

Total charges $_____

_____

Record Custodian