



PO Box 489, Augusta KS 67010
Fax (316)775-4510

REQUEST FOR OPEN RECORD

Date:
Name:
Address:
Phone #:
Signature:

Description: Please provide a specific description of the record(s) you are requesting. Include the record title, date, department, or any other pertinent information:

[Blank lines for description]

(For Records Custodian use only)

Charges: A charge for providing access to public records is authorized by state law. These charges are set at a level to compensate the city for the actual costs incurred in honoring records requests. The fee schedule established by the city is posted below.

Table with columns: Description, Rate, Qty, Total. Rows include Paper Copies, Faxed Copies, Research, Postage, Other Charges, and Total Charges Due.

Prepaid [] Paid [] Billed []

Date of Initial Response to Requestor:
Date Information Released to Requestor:
Signature of Person Releasing Documents: