



REQUEST FOR OPEN RECORD COPY

NAME: _____ **Date:** _____

ADDRESS: _____

Signature: _____

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):

<u>Record Title/Date:</u>	<u>Number of Copies Desired</u>
1. _____	_____
2. _____	_____
3. _____	_____

CHARGES: A charge for providing copies of public records is authorized by State law and has been established by the Rose Hill 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 charges to you for the copy(s) of the record(s) you request 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 Provided:** Date _____
Time _____ AM/PM Time _____ AM/PM

Staff Time Involved: _____ (hours) _____ (minutes)

Charge per page copies: \$ _____

Total Charges: \$ _____ (Paid: _____) (Prepaid: _____)

Record Custodian: _____

125 W. Rosewood • P.O. Box 185 • Rose Hill, Kansas 67133

City Hall (316) 776-2712 Fax (316) 776-2769 Police Dept. (316) 776-0191 Water Dept. (316) 776-2720