



300 E Maple St
Columbus, KS 66725
Phone: (620) 429-2159
Fax: (620) 429-1159

REQUEST FOR RECORDS

To be completed by Requester

Name

Phone Number

Address

City, State, Zip Code

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 produce or hold the record(s):

Record Title/Date

Number of Copies Desired

CHARGES

A charge for providing copies of 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 posted in this office.

The charge to you for 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

_____:____ AM PM
Time of Request Date Time of Request Time

_____:____ AM PM
Time Access Provided Time Access Provided
Date Time

Staff Time Involved: _____ Hours _____ Minutes Charge per page copied: \$ _____

Charge for use of non-office Copying equipment: \$ _____ Total Charges: \$ _____

Prepaid Paid Billed

NOTICE

This notice is pursuant to Kansas Open Records Act (KORA). Due to numerous records requests the City of Columbus will charge a \$15.00 an hour administrative fee and \$0.15 per page.