REQUEST FOR RECORD INSPECTION
CITY OF ABILENE, KANSAS

To be completed by requester:

NAME:_____

ADDRESS: _____

PHONE NUMBER _____

DATE OF REQUEST:_____

DESCRIPTION OF RECORD TO BEINSPECTED: Please provide as specific a description as possible of the record(s) you desire to inspect. Include record titles and dates, as well as the names of City departments that produced or hold the record(s).

RECORD TITLE/DATE/DEPARTMENT

_____

_____

_____

SIGNATURE: _____

Advisory: No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in or derived from public records, unless otherwise specified. (K.S.A. 1988 Supp. 21-3914)

TO BE COMPLETED BY RECORD CUSTODIAN:

Charges: A charge for providing access to 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 of Abilene is the actual cost of staff time required to compile the information requested plus copying fees of $1.00 for the first page and $.50 per page thereafter. Prepayment of the fee may be required.

Prepayment for the above request: _____ **is required** ____ **is not required**

Request: **Date** _____ **Access Provided:** **Date** _____
Time_____**am/pm** **Time** _____**am/pm**

Staff time Charge: **$**_____
Other Charges: **$**_____

Total Charges: **$**_____

RECORDS CUSTODIAN: _____