

City of Mission, Kansas

Request for Inspection/Copy of Open Records

Name: _____
Please print

Address: _____
Street City and State

Telephone: _____
Please include area code FAX number if available

Record Sought: Please provide a specific description of the record(s) you desire to inspect/copy. Please include record titles, dates, and the names of city agencies or departments which produce or hold the record(s).

Please Note: Most records will be produced within three business days. If request is delayed or denied, an explanation will be provided.

PLEASE DO NOT WRITE BELOW THIS LINE

Charges: A charge for providing access 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. NOTE: Prepayment of estimated cost may be required.

Estimated Prepayment of \$ _____ required _____ not required

Number of Copies: _____ X \$.25/page \$ _____

Staff Time: _____ Hours X \$40.00/hour \$ _____

Less Prepayment: \$ _____

TOTAL CHARGE FOR ACCESSING THE REOCD: \$ _____

Request received:	_____ Date	_____ Initials
Records provided	_____ Date	_____ Initials