

**REQUEST FOR RECORD
CITY OF TOPEKA (Fax No. 785-368-3943)**

DATE: _____

NAME: _____ **(PLEASE PRINT)**

ADDRESS: _____ (Street)
_____ (City, State)

EMAIL: _____

PHONE NO. _____

SIGNATURE: _____

Copies Sought: Please provide a specific description of the record(s) you desire to inspect. Include record title, date, originating city agency/department, or any other pertinent information:

	Record Title/Date	Originating Agency/Department
1.	_____	_____
2.	_____	_____
3.	_____	_____

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 record requests. The fee schedule established by the city is posted in this office.

(To be completed by Records Custodian)

Prepayment for the above request _____ is required _____ is not required

Request:	Date	Access Provided:	Date
	Time		Time

Pages Copied: _____ Pages @ \$.25 per page \$ _____.

Certification(s): _____ Certification @ \$1.00 per certification _____.

Staff Time Involved: _____ Hours @ \$13.00 per hour _____.

CD / DVD Copied: _____ 6 hr. media @ \$6.00 ea. _____.

Other Charges _____ _____.

Total Charges \$ _____

Prepaid _____

Paid _____

Billed _____

Records Custodian