

THIS REQUEST MAY BE REJECTED UNLESS ALL ITEMS ARE COMPLETED AND CORRECT FEES SUBMITTED

**REQUEST FOR RECORD
CITY OF TOPEKA**

NAME: _____ (Printed)

ADDRESS: _____ (Street)

_____ (City, State)

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.	_____	_____
4.	_____	_____

(To be completed by Records 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 record requests. The fee schedule established by the city is posted in this office.

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

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

Pages Copied: _____ Pages @ \$0.25 per page \$ _____.

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

Other Charges: _____ _____.

Total Charges \$ _____.

Prepaid _____
Paid _____
Billed _____

Records Custodian

Your copy of this form is your receipt

