

DEPARTMENT
REPUBLIC COUNTY, KANSAS
REQUEST FOR RECORD INSPECTION OR FOR A COPY
Date _____

(TO BE COMPLETED BY REQUESTER)

Name _____ (Requester)
_____ (Street)
_____ (City, State, Zip)

I certify that I do not intend to, and will not: (1) Use any list of names or address contained in or derived from the records or information requested for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (2) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

SIGNATURE _____

RECORD SOUGHT: Please provide as specific a description as possible of the record you desire to inspect or for which you request a copy. Include record titles and dates.

	Number of Copies
1. _____	_____
2. _____	_____
3. _____	_____

CHARGES: A charge for providing access to public records is authorized by state law and has been approved by the Republic County Board of Commissioners. Charges are set to compensate for the actual costs incurred in honoring your request. The fee schedule established for Republic County is available in the various county offices. The charge for access to or copies of the record(s) you have requested is estimated at \$_____.

PREPAYMENT OF THE ABOVE AMOUNT IS REQUIRED.

(TO BE COMPLETED BY RECORD CUSTODIAN)

Time of Request: Date _____ Time _____ Staff Receiving Request
Records Provided: Date _____ Time _____ Staff Providing Record

Staff Time Involved: _____ Hours _____ Minutes
Charges for Copies Made: \$ _____
Total Charges: \$ _____

Amount Remaining Due: \$ _____
(or)
Refund of Prepayment: \$ _____

Record Custodian