

REQUEST FOR OPEN RECORDS

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



2620 N. 155th St., P.O. Box 406, Basehor, KS 66007
Phone: 913-724-1370 Fax: 913-724-3388

Date: _____

Name: _____

Address: _____

Phone #: _____

Signature: _____

Description: Please provide a specific description of the record(s) you are requesting. Include the record title, date, department, or any other pertinent information:

(For Records Custodian Use Only)

Charges: A charge for providing access to public records is authorized by state law. These charges are set at a level to compensate the city for the actual costs incurred in honoring records requests. The fee schedule established by the city is posted below.

| | Qty | Total |
|---------------|---------------------------------|----------|
| Paper Copies: | \$0.25 per page/.50 color | \$ _____ |
| Faxed Copies: | \$0.50 per page (local) | \$ _____ |
| | \$1.00 per page (long distance) | \$ _____ |
| Research: | \$15.00 per hour (minimum \$5) | \$ _____ |
| Postage: | \$ _____ | \$ _____ |
| Other Charges | \$ _____ | \$ _____ |

Total Charges Due: \$ _____

Prepaid () _____ Billed () _____ Paid () _____

Date Date Date Ck #

Date of Initial Response to Requestor: _____

Date Information Released to Requestor: _____

Signature of Person Releasing Documents: _____

Signature of Person Receiving Documents: _____