

CITY OF GAS, KANSAS

REQUEST FOR INSPECTION OR COPIES OF OPEN RECORDS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

I certify that I do not intend to, and will not: (A) Use any list of names or addresses 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 (B) sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records of 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. See K.S.A. 45-220.

SIGNATURE: \_\_\_\_\_

RECORD SOUGHT: Please provide as specific a description as possible of the record(s) you desire to inspect or for which you request a copy. Include records titles and dates. Use additional sheets if necessary.

DESCRIPTION OF RECORD

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CIRCLE ONE:      COPY      INSPECTION

How would you like to receive your copies? CIRCLE ONE:      Mail      Fax      E-Mail

EMAIL ADDRESS: \_\_\_\_\_

CHARGES: A charge for providing access to public records is authorized by state law, and has been established by the Governing Body of Gas, Kansas. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request, and shall be paid in advance. The Fee Schedule Policy established by the City was adopted October 11, 2016. These fees are:

Copies - \$.10 per page; Fax Fee - \$1.00; Postage & Handling - \$5.00

No fee for readily available records (15 mins or less). Records requiring research will be charged the regular hourly rate of each employee engaged in the record research or a minimum of \$10.00 per request. This fee applies to searching, compiling, reviewing, redacting, sorting, providing access to and / or copying of records or data.

THIS SECTION TO BE COMPLETED BY THE RECORD CUSTODIAN

Time of request: \_\_\_\_\_  
(Date) (Time) (Person receiving request)

Circle one:    Records provided    Records denied

Reason for denial: \_\_\_\_\_

Staff time involved:    \_\_\_\_ hours, \_\_\_\_ minutes, at the rate of \$\_\_\_\_ per hour for a total of \$\_\_\_\_

Total # of copies made: \_\_\_\_\_    Charge for copies made: \$\_\_\_\_

Total charges \$\_\_\_\_

Estimated payment received \$\_\_\_\_    Date received: \_\_\_\_\_

Amount remaining due \$\_\_\_\_ (or) Amount Refunded \$\_\_\_\_    Date refunded: \_\_\_\_\_

\_\_\_\_\_  
Record Custodian