

City of Cherryvale

123 W. Main Street, Cherryvale, KS

REQUEST FOR RECORD INSPECTION OR FOR A COPY

CITY OF CHERRYVALE, KANSAS

(The section below is to be completed by person making the request)

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 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. See K.S.A.45-220 (c) (2).

Signature: _____

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

Description of Record

of copies desired

1. _____
2. _____
3. _____

CHARGES: A charge for providing access to public records is authorized by state law. Charges are set to compensate for the actual costs in honoring your request. The fee schedule established by the city is posted in this office. **Prepayment may be required.**

(The section below is to be completed by the Record Custodian)

Time of request: _____
(Date) (Time) (Person receiving request)

Records Provided or Denied: _____
(Date) (Time) (Person providing record or denial)

Staff time involved: ____ hours, ____ minutes, for a charge of \$ _____.

Charge for copies made: \$ _____

Total Charges: \$ _____

Estimated payment received \$ _____

Amount remaining due \$ _____ (or) Amount refunded \$ _____

Record Custodian

(620) 336-2776
(620) 336-2104 Fax
www.cherryvaleusa.com