REQUEST FOR RECORDS

City of Overbrook 401 Maple, PO Box 288, Overbrook, KS 66524 Phone: 785-665-7328 Fax: 785-665-7543

NAME:	(First)	(Last)	
ORGANIZAT	· · ·	(Last)	
ADDRESS:			
((Street)		
((City)	(State)	(Zip)
Please mail	documents	Will Pick Up-Daytime Phone	
I request copies	of the following	g records: (please be very specific in yo	our request)
for the purpose	of:		
Signature of Requester			
Signa	ture of Requeste	er	Date
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