

REQUEST FOR RECORDS

City of Overbrook

401 Maple, PO Box 288, Overbrook, KS 66524

Phone: 785-665-7328 Fax: 785-665-7543

To Be Completed by Requester. Please print clearly.

NAME: _____
(First) (Last)

ORGANIZATION: _____

ADDRESS: _____
(Street)

(City) (State) (Zip)

Please mail documents Will Pick Up-Daytime Phone _____

I request copies of the following records: (please be very specific in your request)

for the purpose of: _____

Signature of Requester

Date

Charges: A charge for providing copies of public records is authorized by state law and has been established by the City of Overbrook governing body. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. The fee schedule established by the city is posted in the Overbrook City Hall office.

=====

For Records Custodian Use Only:

The charge to you for copies of the records you requested is as follows and prepayment of the above amount is required is not required prior to release of the requested records.

Copy Fee	\$ _____	_____ # of pages copied
Postage Fee	\$ _____	_____ # of pages mailed
Fax Fee	\$ _____	_____ # of pages faxed
Staff Research Fee	\$ _____	_____ # quarter-hour periods
Total Charges	\$ _____	<input type="checkbox"/> Prepaid <input type="checkbox"/> Billed

Records Custodian

--Your copy of this form is your receipt.--