

Kansas Open Records Act
 KSA 45-215:255 (KORA)
 REQUEST FOR RECORD COPY
 CITY OF CANEY

(To be completed by Requester)

Name: _____ Date: _____

Address: _____ (Street)
 _____ (City, State)

Signature: _____ Phone: _____

COPIES SOUGHT: Please provide as specific a description as possible of the record(s) you desire to copy. Include record titles and dates, as well as the names of City agencies or departments which produced or hold the record(s):

Record Title	# of Copies	Office Intls.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

The charge to you for copy(s) of the record(s) you request is: \$ _____.
 Prepayment of the above amount _____ is required _____ is not required. Your copy of this for is your receipt.

(To be Completed by Record Custodian)

Charge per page copied: \$ _____ : _____.
 Total charge \$ _____ Prepaid _____ Paid _____ Billed _____

*An employee hourly rate may be applied based on length of time for research and copying.

 Record Custodian Signature