City of Mission, Kansas Request for Inspection/Copy of Open Records

Name:					
	Please print				
Address:	Ctuant			G' 16	
	Street			City and State	
Telephone:	Please include area code				
	Please include are	ea code			
Record Soug include record		provide a specific the names of cit	ic description on grant or description of description or descripti	f the record(s) you epartments which	ou desire to inspect/copy. Please h produce or hold the record(s).
Please Note: A explanation wi	Most records will ill be provided.	be produced	within three b	usiness days. If	request is delayed or denied, an
records or infor listed or to any any list of name that person to se	mation requested person who reside es or addressed co	for the purpose es at any addres entained in or do e any property	e of selling or o ss listed; or (b) erived from the	ffering for sale a sell, give, or othe records or information	rese contained in or derived from the my property or service to any person erwise make available to any person mation for the purpose of allowing r to any person who resides at any
Signature:					
PLEASE DO NOT WRITE BELOW THIS LINE					
Charges: A charge for providing access 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 the actual costs incurred in honoring your request. NOTE: Prepayment of estimated cost may be required.					
Estimated Prep	payment of \$	***************************************	-	required	_not required
Number of Co	pies:		X	\$.25/page	\$
Staff Time:	Н	ours	X	\$40.00/hour	\$
Less Prepayme	ent:				\$
TOTAL CHARGE FOR ACCESSING THE REOCRD:					\$
Request Receiv	ved:		(date)		Initials
Records Provid	led:		(date)		Initials