



REQUEST FOR RECORD COPY

CITY OF LINDSBORG

(To Be Completed by Requestor)

NAME: _____ (Printed)

ADDRESS: _____ (Street)

_____ (City, State)

SIGNATURE: _____

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).

1. _____
2. _____
3. _____

(To Be Completed by Records Custodian)

Charges: A charge for providing copies of public records is authorized by state law and has been established by the city governing body. The charges are set to 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 this office.

The charge to you for copy(s) the record(s) you request is: \$ _____

Prepayment of the above amount is _____ **is required** _____ **is not required**

Time of Request: Date _____ **Access Provided:** Date _____

Time _____ am/pm Time _____ am/pm

Staff Time Involved: _____ Hours _____ Minutes

Total Charges: \$ _____

Prepaid \$ _____

Paid \$ _____

Billed \$ _____

Records Custodian

Your copy of this form is your receipt