Company or Individual Name: _____

Address: _____
Street City State Zip Code

Phone: _____ (work) _____ (home)

DESCRIPTION OF RECORDS REQUESTED: Please provide a description of the records you would like to inspect or copy. Please be as specific as possible and indicate the type of record you are seeking, the title or name of the document, dates, document numbers, facility, or location of the subject property, if applicable. This will help speed up the search and reduce the costs of the request.

_____

_____

_____

_____

FEES: The fee for copies of records provided is $0.25 per page. If the record requested is oversized (larger than 8.5" x 14"), the fee is $0.50 per page or the actual cost of reproduction if the record can only be reproduced by a commercial entity. There will also be a fee associated with the staff time required to respond to, and produce the records requested. The City of Medicine Lodge may require advanced payment for these services.

PROHIBITED USES: K.S.A. 45-230 prohibits the use of the information obtained by the Kansas Open Records Act for commercial purposes. You may be required to sign a written affidavit that you will not use the information obtained for any purpose prohibited by law.

I hereby authorize the City of Medicine Lodge to complete the above referenced records request and bill me for the completing this request, provided the total fee does not exceed $_____.

_____ _____
Signature Date