

**REQUEST FOR RECORD INSPECTION**  
**CITY OF FRONTENAC, KANSAS**

(To be Completed by Requestor)

NAME: \_\_\_\_\_ (Printed)

ADDRESS: \_\_\_\_\_ (Street)

\_\_\_\_\_ (City, State)

SIGNATURE: \_\_\_\_\_

Records Sought: Please provide as specific of a description as possible of the record(s) you desire to inspect. Include record titles and dates, as well as the names of city agencies or department that produced or hold the record(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

(To Be Completed by Records Custodian)

**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 the request. The fee schedule established by the City is posted in this office.

**The charge to you for accessing the record(s) you requested is:** \$ \_\_\_\_\_

**Prepayment of the above amount** \_\_\_\_\_ is required \_\_\_\_\_ is not required

**Time of request:** Date \_\_\_\_\_ **Access Provided:** Date: \_\_\_\_\_

Time \_\_\_\_\_ Time: \_\_\_\_\_

**Staff Time Involved:** \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**Pages Printed:** \_\_\_\_\_ X .25 = \$ \_\_\_\_\_

**Total Charges:** \$ \_\_\_\_\_

**Prepaid** \$ \_\_\_\_\_

**Paid** \$ \_\_\_\_\_

**Billed** \$ \_\_\_\_\_

**Certification Form Required?** \_\_\_\_\_

\_\_\_\_\_  
Records Custodian

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