



**CITY OF PARSONS**  
P.O. Box 1037 • 112 S. 17<sup>th</sup> Street  
PARSONS, KS 67357-1037

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### REQUEST FOR RECORD COPY

(To be completed by requester)

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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) (if possible):

<u>Record Title/Date</u>	<u>Number of Copies</u>
1. _____	_____
2. _____	_____
3. _____	_____

**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 the actual costs incurred in honoring your request. The fee schedule established by the city is available 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 form is your receipt.

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(To be completed by Record Custodian)

Time of Request: Date \_\_\_\_\_ Time \_\_\_\_\_

Time Access Provided: Date \_\_\_\_\_ Time \_\_\_\_\_

Staff Time Involved: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes Number of pages \_\_\_\_\_

Charge per Page Copied: \$ \_\_\_\_\_ Charge for use of non-office copy equipment \$ \_\_\_\_\_

Other charges \$ \_\_\_\_\_ (List) \_\_\_\_\_

**TOTAL CHARGES:** \$ \_\_\_\_\_ Prepaid \_\_\_\_\_ Paid \_\_\_\_\_ Billed \_\_\_\_\_

\_\_\_\_\_  
Record Custodian