

**REQUEST FOR RECORD INSPECTION/COPY
CLOUD COUNTY, KANSAS**

(To be completed by requester)

NAME: _____

ADDRESS: _____

I, the undersigned, do not intend to, and will not, use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale and property or service to any person listed or to any person who resides at any address listed; neither will I sell, give or otherwise make available to any person any such list of names or addresses for the above purposes.

SIGNATURE: _____

RECORD (S) SOUGHT: Please provide as specific a description as possible of the record (s) you desire to inspect/copy. Include record titles and dates, as well as the names of county offices or departments which produced or hold the record (s):

1. _____
2. _____
3. _____

No. of Copies of each: _____

CHARGES: A charge for providing access to public records is authorized by state law and has established by the governing body. These charges are set at a level to compensate the county for the actual costs incurred in honoring your request. The fee schedule established by the county is posted in this office. The charge for access and/or copies of the record (s) you requested is estimated at

\$ _____

PREPAYMENT OF THE ABOVE AMOUNT IS REQUIRED.

| | | |
|---|----------------------------------|--|
| Office Use Only (To be completed by the Record Custodian) | | |
| Time of Request: | _____ | _____ |
| | (Date) | (Time) |
| | _____ (Person Receiving Request) | |
| Records Provided: | _____ | _____ |
| | (Date) | (Time) |
| | _____ (Person Providing Record) | |
| Staff Time Involved: | _____ hours, | _____ minutes for a charge of \$ _____ |
| Charge for Copies Made: | \$ | _____ |
| Total Charges: | \$ | _____ |
| Amount Remaining Due: | \$ | _____ |
| Refund on Prepayment: | \$ | _____ |
| | | _____ (Record Custodian) |