

REQUEST FOR RECORDS INSPECTION/COPY
CITY OF WICHITA, KANSAS

(To be completed by Requester)

NAME: _____

ADDRESS _____

Email: _____
City, State, Zip _____

SIGNATURE: _____ **PHONE:** _____

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

<u>Record Title/Date</u>	<u>No. of Copies Desired</u>
1) _____	_____
2) _____	_____
3) _____	_____

CHARGES: A charge for providing inspection to or copies of public records is authorized by state law. These charges are set as a level to compensate the city for the actual costs incurred in honoring your request.

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

Prepayment of the above amount ___ is required ___ is not required.

(To be completed by Department Records Custodian and/or City Clerk)

Time of Request: Date _____ Charges: Staff Time: \$ _____
Time ___:___AM PM _____hrs.@ ___rate

Time Access Provided: Date _____ Copying: _____
Time ___:___AM PM _____#pages \$ _____

TOTAL CHARGES: Other (specify):\$ _____
Prepaid _____; Paid _____ Billed _____

Department Records Custodian

City Clerk

ACTUAL FEES ASSESSED (AR 70)*

(CALCULATED BELOW OR ON ATTACHED INVOICE)

Documents which can be copied using document feeder

Pages 1 – 10	\$.25 each	\$ _____
Pages 11 and up	\$.10 each	\$ _____

Documents which must be copied one at a time:

All pages	\$.25 each	\$ _____
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Documents which must be copied off site:

Actual job cost plus 15% administrative fee.		\$ _____
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Computer printed reports:

All pages	\$.15 each	\$ _____
	Plus computer staff time.	

Retrieval of all documents stored off site at Underground Storage:

All boxes	\$37.50 per box	\$ _____
	(Includes return cost)	

Search Costs:

Staff	\$4 each 15 minute increment	\$ _____
Administrative	\$6 each 15 minute increment	\$ _____
Computer Staff	\$6 each 15 minute increment	\$ _____

Mail charge:

Each 5 page increment	\$.40	\$ _____
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Faxes copy:

Local	\$.25 per faxed page	\$ _____
Long Distance	\$.50 first faxed page	\$ _____
Long Distance	\$.25 per additional faxed page	\$ _____

Microfilm copy:

\$1.50 per page	\$ _____
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TOTAL FEES \$ _____

*Revised 06-14-2007