

SUBMIT REQUEST TO THE CITY CLERK AT ADDRESS OR FAX # LISTED BELOW OR EMAIL TO ejones@augustagov.org
 THIS REQUEST MAY BE REJECTED UNLESS ALL ITEMS ARE COMPLETED AND CORRECT FEES SUBMITTED



PO Box 489, Augusta KS 67010
 Fax (316)775-4566

REQUEST FOR OPEN RECORD

Date: _____
Name: _____
Address _____

Phone #: _____
Signature: _____

Description: Please provide a specific description of the record(s) you are requesting. Include the record title, date, department, or any other pertinent information:

(For Records Custodian use only)

Charges: A charge for providing access to public records is authorized by state law. These charges are set at a level to compensate the city for the actual costs incurred in honoring records requests. The fee schedule established by the city is posted below.

		Qty		Total
Paper Copies:	\$0.25 per page	_____	\$	_____
Faxed Copies:	\$0.25 per page (local)	_____	\$	_____
	\$0.30 per page (long distance)	_____	\$	_____
Research:	\$12.50 per half hour	_____	\$	_____
Postage:	\$	_____	\$	_____
Other Chages:	\$	_____	\$	_____
Total Charges Due:			\$	_____

Prepaid Paid Billed

Date of Initial Response to Requestor: _____
 Date Information Released to Requestor: _____

Signature of Person Releasing Documents:
