

REQUEST FOR RECORD INSPECTION / COPY
SMITH 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 requested for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed or for the purpose of solicitation of gifts or donations from any such person; neither will I sell, give or otherwise make available to any person any such list of names or addresses for any of the above purposes.

SIGNATURE: _____

RECORD(s) SOUGHT: Please provide as specific a description as possible of the record(s) you want 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):

No. of Copies (if desired) _____

1. _____

2. _____

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the County Commission. 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 \$_____

PAYMENT MUST BE RECEIVED ON THE DAY OF REQUEST

Time of Request: _____
Date Time Person Receiving Request

Records Provided: _____
Date Time Person Receiving Record

Staff Time Involved: _____ hours, _____ minutes for a charge of \$_____

Charge for Copies Made \$_____

Total Charges Due \$_____

Record Custodian