REQUEST FOR RECORD INSPECTION AND\OR COPIES – BARTON COUNTY, KANSAS (Requested to be completed by persons requesting information. This form is optional.)

NAME			PHONE				
ADDRESS			CITY/ST/ZIP				
day following the date tha the cause for further dela custodian shall provide.	at the request is receive by and the place and eau upon request, a writter	ess to a public record shall be d. If access to the public rec arliest time and date that the n statement of the grounds f equestor not later than the en	ord is not granted record will be aver for denial. Such	immediately, the custailable for inspection statement shall cite	stodian shall give a deta i. If the request for acc the specific provision o	iled explanation of ess is denied, the f law under which	
particular form. Except requester's name and acacess to the records. A	as otherwise provided ddress and the informa public agency may red	written request for inspection d by subsection (c), a publication necessary to ascertain quire proof of identification of less it is impossible to determine the control of	c agency shall n the records to wh any person reque	ot require that a re- nich the requester de esting access to a pu	quest contain more infesires access and the rebilic record. No request	ormation than the equester's right of	
Barton County, Kansas. established by the count	These charges are set v is for actual employed	lic records is authorized by K t at a level to compensate the ee time, plus .50 cents a pa fill said request. Any differen	ne County for actu ae for the first 20	ial costs incurred in pages, and 25 cen	honoring your request. ts per page for each a	The fee schedule dditional page, for	
The cost to prepare a cor on circumstances. If a hi	mpact disk (CD) for 911 gher cost is anticipated.	calls will normally be \$15.00, the requestor will be so notif	and for Commiss	sion meetings, \$5.00.	Additional charges ma	y apply depending	
Costs for maps are subje	ct to a schedule mainta	ined by the County Cartograp	oher. The fee sch	edule is available up	on request.		
Additionally, persons sha Fees for records other the 219. Prepayment	an those readily availab	equal to the hourly rate of to le (ie – customized documented.	the records custon t) shall be determ	dian, for the time spe ined and reported at	ent fulfilling the open re the time of the request,	cords act request. following KSA 45-	
If charges exceed \$25.00	, please notify me prior	to completing the request at	t () (phone number) OR				
Based on an estimated c	ost of \$, I agree to pay all costs asso	ociated to complet	e this records reques	st.		
Requestor Signature				te			
requestor orginature		• • • • • • • • • • • • • • • • • • • •	s form is your receipt				
Time of Request	Date _	To be completed by Records Custodian Date Time am		m/pm			
Staff Time Involved	Hours			X	·		
		X .50 cents up to 20		_ X .25 after 20 (pe	r document)		
CD \$15.00 for a CD from 911 / \$5.00 for a CD of Commission meetings							
MAP							
Special Request Fee		To be determined					
Actual Charges Prepaid Paid	\$						
Billed	\$	Records Custodian					
Pursuant to KSA 45-22 request to be made in		ncy may require a written			ords but shall not oth	erwise require a	
Adopted							
Revised 11/06/06; 08/	/25/08		X				

Requestor