



City of Carbondale

234 Main Street
P.O. Box 70
Carbondale, Kansas 66414
Phone: 785-836-7108
Fax: 785-836-7942

Email: cityhall@carbondaeks.com
Website: carbondaeks.com

Request for Record Inspection

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Time: The city will gladly process your request as soon as possible, however we have up to 3 business days to complete any request. No all records are open for public viewing.

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Continue on back as needed

Fees: A fee for providing access to public records is authorized by state law and has been established by the city governing body. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. The charge to you is \$0.25 per copy plus _____ per hour which is the cost of staff time if the information is not readily available and needs to be researched. All fees must be paid before the information will be released. Your copy of this form is your receipt.

Please Read

Section 11 of the Open Public Records Act makes it a criminal offense for any person to knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in or derived from public records. Consequently, custodians must not provide open public records to a requester when they know that those records will be used in violation of Section 11.

I have read and understand the above statement and will not use the records provided for the above purposes.

Signature of Requester

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To be completed by Record Custodian

Date of Request: _____

Date Completed: _____

____ Copies at \$0.25 each \$ _____

____ Staff Hours at \$ /hour \$ _____

Total Charges \$ _____

Record Custodian: _____