



# REQUEST FOR RECORD COPY Geary County

## TO BE COMPLETED BY REQUESTER

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**COPIES SOUGHT:** Please provide as specific a description as possible of the record(s) you desire. Include record titles and dates, as well as the name(s) of County agencies or departments which produced or hold the record(s):

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

**CHARGES:** A charge for providing copies of public records is authorized by state law and has been established by the County governing body. 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 to you for a copy of the record(s) you request is: \$ \_\_\_\_\_

Prepayment of the above amount is \_\_\_\_\_ is not \_\_\_\_\_ required.

Your copy of this form is your receipt.

## (TO BE COMPLETED BY RECORD CUSTODIAN)

### Time of Request

Date of request: \_\_\_\_\_

Time of request: \_\_\_\_\_

### Time Access Provided

Date of request: \_\_\_\_\_

Time of request: \_\_\_\_\_

Staff time involved: Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

Charge per page copied: \$ \_\_\_\_\_

Charge for use of non-copying equipment: \$ \_\_\_\_\_

TOTAL CHARGES: \$ \_\_\_\_\_ Prepaid: \_\_\_\_\_ Paid: \_\_\_\_\_ Billed: \_\_\_\_\_

RECORD CUSTODIAN SIGNATURE: \_\_\_\_\_