



P. O. Box 1567,
Hutchinson, KS 67504-1567
Telephone: (620) 694-2614

Request for Record Copy

Requester's Information:

Name: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Record(s) requested: Please specify number of copies desired.

Charges: A charge for providing copies of public records is authorized by state law and has been established by the City Governing Body. The fee for copying public records is \$.25 per page and is in addition to any fee charged for access to and inspection of the records. A \$12.00 per hour fee will be charged for research time.

Signature _____ **Date** _____

Staff Time Involved: _____ Hours _____ Minutes @ \$12.00 per hour = _____.
Copying Charge _____ @ \$.25 per page = _____.
Total Due = _____.

Record Custodian _____ **Date** _____