

**REQUEST FOR RECORD  
CITY OF TOPEKA (Fax No. 785-368-3943)**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ (Printed)

**ADDRESS:** \_\_\_\_\_ (Street)  
\_\_\_\_\_ (City, State)

**PHONE NO.** \_\_\_\_\_

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

**Copies Sought:** Please provide a specific description of the record(s) you desire to inspect. Include record title, date, originating city agency/department, or any other pertinent information:

	<b>Record Title/Date</b>	<b>Originating Agency/Department</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

(To be completed by Records Custodian)

**Charges:** A charge 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 record requests. The fee schedule established by the city is posted in this office.

**Prepayment for the above request** \_\_\_\_\_ is required \_\_\_\_\_ is not required

Request:	Date	Access Provided:	Date
	Time		Time

<b>Pages Copied:</b> _____	Pages @ \$.25 per page	\$ _____.
<b>Certification(s):</b> _____	Certification @ \$1.00 per certification	_____.
<b>Staff Time Involved:</b> _____	Hours @ \$13.00 per hour	_____.
<b>CD / DVD Copied:</b> _____	6 hr. media @ \$50.00 ea.	_____.
<b>Other Charges</b> _____		_____.

**Total Charges** \_\_\_\_\_ \$

Prepaid \_\_\_\_\_  
 Paid \_\_\_\_\_  
 Billed \_\_\_\_\_

\_\_\_\_\_  
Records Custodian