

CITY OF WESTWOOD HILLS, KANSAS
REQUEST FOR RECORD INSPECTION OR FOR A COPY

(The section below is to be completed by the person making the request)

Date: _____
Name: _____
Address: _____

Daytime Phone: _____
Fax: _____
E-mail address: _____

Mail _____ **or Electronic copy (if available)** _____ (Please check one option)

I certify that I do not intend to and will not: (1) use any list of names or addresses contained in or derived from the records or information requested for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (2) sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed. See K.S.A. 45-230.

Signature: _____

RECORDS SOUGHT: Please provide as specific a description as possible of the records you desire to inspect or for which you request a copy. Include records titles and dates as well as the name of the court which holds the record.

Description of Record

1. _____
2. _____
3. _____

CHARGES: A charge for providing access to public records is authorized by state law and Westwood Hills City Ordinances, and such charges have been established by the Westwood Hills City Council. Charges are set to compensate for the actual costs in honoring your request. The fee schedule administratively established by Westwood Hills is available from the City Clerk. The charge for access to and/or copies of the record(s) which you have requested is estimated to be \$ _____.

Prepayment of the above amount may be required.

(The section below is to be completed by the Record Custodian)

Time of request: _____
(Date) (Time) (Person receiving request)

Records Provided: _____
(Date) (Time) (Person providing record)

Records Denied: _____
(Date) (Time) (Person denying request)

Reason for Denial: _____

Staff time involved: ___ hours, ___ minutes, for a charge of \$ _____

Charge for copies made: \$ _____

Total Charges: \$ _____

Estimated payment received: \$ _____

Amount remaining due: \$ _____

(or)

Amount refunded: \$ _____

Record Custodian