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City of Junction City, Kansas Request for Inspection/Copy of Open Records

Name: _____

Address: _____
(Street) (City and State)

Telephone: _____
(Please include area code) (Fax number if available)

Record Sought: Please provide a specific description of the record(s) you desire to inspect/copy. Please include record titles and dates. Use additional sheets if necessary.

Check one: Copy Inspection

Would you like to receive your copy records by:

Mail Fax e-mail _____
Your e-mail address

Please Read and Sign Below Before any Documents are Released

The requester does not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information 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 (B) 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. (K.S.A. 45-220)

Signature: _____

Print Name: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Charges: A charge for providing access of 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 fee schedule established by the City can be found in Article III. Public Records Section 100.040 of the City Ordinances located on the City's web site.

Charges

Number of Copies X \$.25/page (a) _____

Staff Time Hours Minutes (b) _____

The total charge for accessing the records requested is: _____