

REQUEST FOR RECORD COPY

CITY OF IOLA

(To be completed by Requester)

NAME: _____ (printed)

ADDRESS: _____ (street)

_____ (City, State)

SIGNATURE: _____

Copies Sought: Please provide as specific a description as possible of the record(s) you desire to copy. Include record titles and dates, as well as the names of city agencies or departments, which produced or hold the record(s):

Record Title/Date	No. Of Copies Desired
1. _____	_____
2. _____	_____

(To be Completed by Records Custodian)

Charges: A charge for providing copies 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 charge to you for copy(s) of the record(s) you request is: \$ _____

Prepayment of the above amount _____ is required _____ is not required.

Time of request: Date _____

Access Provided: Date _____

Charge per page copied \$ _____.

Charge for use of non-office
Copying equipment \$ _____.

Total Charges: \$ _____.

Prepaid \$ _____.

Paid \$ _____.

Billed \$ _____.

Records Custodian

Your copy of this form is your receipt.