



## **Request for Record Inspection/ Copy**

**City of Iola, Kansas**

Iola Police Department

*(To be completed by requestor)*

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

(Please Print)

Address: \_\_\_\_\_  
Street # \_\_\_\_\_ City and Zip \_\_\_\_\_ Phone # \_\_\_\_\_

(Please read and sign certification on the reverse side of this form)

*Signature of requestor*

Copies Sought: Please provide as specific a description as possible of the record(s) you desire inspection/ copies of. Include available case numbers, record titles and dates, as well as the names of persons involved. Criminal History Record Information requests require a signed release from the person being checked if the requestor is from a non-law enforcement agency.

*(To be completed by Iola Police Department Record Custodian)*

**CHARGES:** A charge for providing inspection/ copies of public records is authorized by state law and has been established by the City of Iola's 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 is available for your review. There is a \$5 minimum charge, maximum 20 minutes, for each record copy provided.

The charge to you for copy(s) of the record(s) you request is: \$ \_\_\_\_\_

Prepayment of the above amount \_\_\_\_\_ is required \_\_\_\_\_ is not required

Request Received: Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Access Provided: Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time \_\_\_\_\_ : \_\_\_\_\_ AM / PM Time \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Charge per page copied (\$.25/page): \_\_\_\_\_ Charge for use of non-office copying equipment: \_\_\_\_\_

Charge for copy of Digital Media Storage Device/CD: \_\_\_\_\_ Postage Fee: \_\_\_\_\_

Staff Time Involved: \_\_\_\_\_ Hours. \_\_\_\_\_ Minutes @ \_\_\_\_\_ (per hour charge)

Total charges \$ \_\_\_\_\_ Prepaid \$ \_\_\_\_\_  
Paid \$ \_\_\_\_\_ Billed \$ \_\_\_\_\_

**Record Custodian:** \_\_\_\_\_

Please read and sign certification on the reverse side of this form

Your copy of this form is your receipt

### ***CERTIFICATION OF REQUESTER***

I, \_\_\_\_\_, acting on behalf of (agency name) \_\_\_\_\_

having made a written request for access to and/or copies of

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which is/are (a) public record(s) pursuant to the Kansas Open Records Act (KORA), do hereby certify that I do not intend to, and will not:

- use any list of names or addresses contained in or derived from the record(s) 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
- sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the record(s) or information for the purpose of allowing that person to sell or offer to sale any property or service to any person listed or to any person who resides at any address listed, or:

which is/ are **not** (an) open public record(s) pursuant to the Kansas Open Records Act (KORA), and dissemination of which is restricted under Kansas Statute will not:

- disseminate the information provided to me, which would be in violation of any federal, state or local law. I will dispose of the record according to law.

I understand photo identification may be required of me at the time this request is submitted.

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Signature of Requester

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Street Address

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City, State Zip Code