

REQUEST FOR RECORD COPY
CITY OF WELLINGTON, KANSAS
WELLINGTON POLICE DEPARTMENT
(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 produce or hold the record(s).

Record Title/Date No. of Copies Desired

1. _____

2. _____

3. _____

(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 Wellington Police Department. 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 posted in this office.

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

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

Time of Request: Date _____ **Time** _____ **am/pm**

Copy Provided: Date _____ **Time** _____ **am/pm**

Staff Time Involved: _____ **Hours** _____ **Minutes**

Charge per page copied: \$ _____ **Charge for use of non-office copying**

Total Charges: \$ _____

Records Custodian