

REQUEST FOR RECORD INSPECTION
CLAY COUNTY, KANSAS

(To Be Completed by Requestor)

NAME _____

ADDRESS _____

SIGNATURE _____

By affixing your signature to this request, you understand that the information obtained will not be used to solicit the sale of a product or service to any names contained in this release. K.S.A.45-220(c)(2).

Record Sought: Provide as specific a description as possible of the record(s) you desire to inspect.

.....
(To be completed by Records Custodian)

Charges: A charge for the providing access of public records is authorized by state law and has been established by the county governing body. These charges are set at a level to compensate the county for the actual cost of completing your request.

The charge to you for accessing the record(s) you request is\$ _____.

Prepayment of the above is required.

Date Request Received _____

Date Information Provided _____

(Records Custodian)