



REQUEST FOR RECORD COPY

Requestor Name: _____

Agency Represented _____

Requestor Address: _____

Requestor Phone: _____

Requestor email: _____

RECORDS REQUESTED: Please provide a detailed description of the record(s) requested. Make sure your request is as specific as possible, so that your request may be filled quickly and completely.

Record Title/Date/Department

Number of Copies

TYPE	INCIDENT:	INCIDENT:
<input type="checkbox"/> STRUCTURE FIRE	LOCATION _____	DATE _____
<input type="checkbox"/> VEHICLE FIRE	LOCATION _____	DATE _____
<input type="checkbox"/> MEDICAL	LOCATION _____	DATE _____
<input type="checkbox"/> OTHER	LOCATION _____	DATE _____

REQUESTOR'S NAME TYPE//PRINT/ OR SIGN

ADVISORY: A list of names and addresses shall not be obtained from public records for the purpose of selling or offering for sale any property or service to the persons listed. This provision pertains to the names and addresses of businesses listed in the public records as well as the individuals. K.S.A. 45-220(c) (2), K.S.A. 45-230

TO BE COMPLETED BY OFFICIAL CUSTODIAN

Number of Pages: _____
Copy Charges: \$ _____
Staff Time: \$ _____

CHARGES: A charge for providing copies of public records has been set by the Governing Body. The fee schedule established by the city is posted on the web and can be accessed by connecting to www.olatheks.org

Request Received by: - _____

Date:
Time:

Request Filled by: - _____

Date:
Time:

Official Custodian

Mail to the attention of the Olathe Fire Department
1225 S Hamilton Circle
Olathe, Kansas 66061
Or fax to 913-971-7905

Updated: 07-2007