

**CITY OF GREENSBURG, KANSAS  
OPEN RECORDS REQUEST AND DETERMINATION**

Date Request Received: \_\_\_\_\_ Department: \_\_\_\_\_

**Requester**

Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Brief description of records to which access is requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**City of Greensburg, Kansas, Response** (Please check one)

Access Granted as Requested	_____	FEE:	_____
Access Granted in Part	_____ *	\$.20 per page	_____ pages
Access Denied	_____ **		
		Total:	_____

\* If access to the requested records is limited by K.S.A. 45-221 or 21-3914, the requester must sign a Request Certification.

\*\* If the Department has questions about the request or believes all or any of it should be denied, refer the request for final determination to the Freedom of Information Officer.

Date of City of Greensburg, Kansas, Response \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of all materials furnished related to this request.

\_\_\_\_\_  
Signature of Person Handling Request