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:

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City of Greensburg, Kansas, Response (Please check one) FEE:

Access Granted as Requested ________ $ .20 per page  _______ pages

Access Granted in Part ________ *

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