

# City of Pawnee Rock, Kansas

## Open Records Request

Requestor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Requestor Phone \_\_\_\_\_

Requestor Signature \_\_\_\_\_

Date \_\_\_\_\_

Provide Detailed Information about the City Records you are Requesting.

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### Official Office Use Only:

Date Received: \_\_\_\_\_ Date Promised \_\_\_\_\_ Received By \_\_\_\_\_

Estimated Cost \_\_\_\_\_ Communicated Estimated Costs on \_\_\_\_\_ Date

Date Request Filled \_\_\_\_\_

Clerk Signature \_\_\_\_\_