



119 North Hersey Avenue
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 Beloit, Kansas 67420
 Phone: 785-738-3551
 Fax: 785-738-2517
 E-mail: info@beloitks.org

PUBLIC RECORD INFORMATION REQUEST

Date: _____, 20____

Please Print Clearly

REQUESTER AND RECORD IDENTIFICATION

Name of Requester: _____ E-mail: _____

Street Address: _____ Phone No.: _____

Description of Record: _____

(use reverse side if necessary)

Signature of Requester: _____

CITY OF BELOIT RESPONSE

- Your request has been received and is being processed. We will respond within ten days.
- The record you requested is attached. No fee. Submit \$_____ fee.
- We have the record. For personal access please contact the person whose name appears below.
For a copy submit \$_____ fee.
- We need additional information to respond to your request. Please provide the following information:

- The record you have requested is exempt from disclosure under Kansas law.
Please see the attached explanation. (see reverse side)
- We do not have the record you have requested. (see reverse side)

CITY OF BELOIT REMARKS

Signature of City Official: _____ Title of City Official: _____

Date: ____ / ____ / ____

FOR CITY USE ONLY

Request Rec'd By: _____ On: ____ / ____ / ____

Action Assigned To: _____ Response Due Date: ____ / ____ / ____

Fee Amount Due: \$ _____ Date Fee Received: ____ / ____ / ____

Space provided for additional information concerning records requested: