



Office of City Clerk
215 S. Broadway, Louisburg, KS 66053
913-837-5371 · louisburgkansas.gov

Request for Public Records

Date of Request: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Please provide a specific description of the information that you are requesting.

There is a charge of **\$20** per hour, minimum charge **\$20** plus **\$0.25** per copy.

Total for this request: _____ Date received: _____

Received by _____ / _____
(please print) *(signature)*

Office Use Only:

Date request received: _____ Date of acknowledgement for processing: _____

Date information provided: _____ Charge for information: _____

Paid by cash/check/credit card: _____ Receipt # _____ Processed by: _____