

CITY OF BENTON
154 S. MAIN STREET
PO BOX 388
BENTON, KS 67017



PHONE 316-778-1625
FAX 316-778-1687
EMAIL cityclerk@bentonks.org

OPEN RECORDS REQUEST

1. Name _____ Phone _____

2. Address _____

3. Email _____

4. Record Sought _____

Please provide as specific a description as possible of the record(s) you wish to inspect. Include titles and date, as well as the name of the department which produced the records(s) if known.

5. Signature of Requestor _____

6. Charges _____

A charge for providing access to public record has been established by the Governing Body pursuant to the currently adopted City Code, Article 5. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request.

7. Receive an email copy of this form Receive an email copy of requested open record

Email Address _____

8. Request may be submitted by mail, fax, email or taken to City Hall.

Request received on _____, _____

Received by _____