

THIS REQUEST MAY BE REJECTED UNLESS ALL ITEMS ARE COMPLETED AND CORRECT FEES SUBMITTED.

**REQUEST FOR RECORD
METROPOLITAN TOPEKA AIRPORT AUTHORITY
Facsimile No. (785) 862-1830**

DATE _____

NAME _____ (Printed)

ADDRESS _____ (Street)

_____ (City, State)

TELEPHONE NUMBER (_____) _____

SIGNATURE _____

COPIES SOUGHT: Please provide a specific description of the record(s) you desire to inspect.
Include record title, date, originating MTAA Department, or any other pertinent information:

	Record Title / Date	Originating Department
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

(To be completed by Records Custodian)

Charges: A charge for providing access to public records is authorized by state law and has been established by the MTAA governing body. These charges are set at a level to compensate the MTAA for the actual costs incurred in honoring record requests.

Prepayment for the above request _____ is required for electronic documents _____ is not required

Request Date _____ Access Provided: Date _____
 Time _____ A.M. / P.M. Time _____ A.M. / P.M.

Staff Time Involved _____ Hours @ \$49.00 per hour / Minimum of .25 hour (\$12.25)

Other Charges _____ . _____

Total Charges \$ _____ . _____

Prepaid _____
Paid _____
Billed _____

Records Custodian