

**RECORDS INSPECTION COPY REQUEST DENIAL
CITY OF WICHITA, KANSAS**

(To: Requester Information)

NAME: _____
(Street)

ADDRESS: _____
(City) (State)

Email: _____ **PHONE:** _____

Your request, dated _____, for (____) inspection (____) copies of the following records has been denied

Record Title/Date

1) _____

2) _____

3) _____

(Title or Description of Record Requested)

The undersigned records custodian has determined that:

_____ The record requested is not a record which is made, maintained, kept by or in the possession of:
_____ the City of Wichita
_____ this office, but may be obtained at _____

_____ The record requested is not required to be disclosed under the Kansas Open Records Act _____
(Section of Act)

_____ Access to the record requested is restricted under federal or state law _____
(cite law relied upon)

_____ Any available method of mechanical reproduction would result in damage to the requested record.

_____ Other (specify) _____

You may attempt to resolve any dispute over the denial by contacting the LFIO. If unresolved, it is your right to challenge this denial by means of a legal action brought in District Court.

Records Custodian

(Date) _____

(Time) _____ AM/PM

Copies to: City Clerk/CFIO
Department of Law