



Office of Municipal Court  
215 S. Broadway, Louisburg, KS 66053  
913-837-5217 · louisburgkansas.gov

### Request for Municipal Court 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: \_\_\_\_\_