



OPEN RECORDS REQUEST

Name: _____

Address: _____

Phone Number: _____ Email: _____

Alternative Contact Name & Number: _____

PLEASE READ PRIOR TO SIGNING OPEN RECORDS REQUEST:

K.S.A. 45-230 prohibits using names and addresses derived from public records for certain commercial purposes. This includes using public records to sell property or services. Persons are also prohibited from obtaining public records with the intention of making the records available to a third party for such purposes.

Violation of this law is a civil offense punishable by fine. Violations will be referred to the attorney general or district attorney for prosecution.

The undersigned hereby requests access to the records described below and certifies that the undersigned has a right of access to the records.

The undersigned further certifies that the information obtained from the records will not be used for a prohibited purpose.

Signature: _____ Date: _____

RECORD(S) REQUESTED: Please provide as specific of a description as possible of the records you are requesting.

DESCRIPTION OF RECORD

OF COPIES REQUESTED

1. _____

2. _____

3. _____

FEES: A charge for providing access to public records is authorized by state law. Charges are set to compensate for the actual costs in honoring your request. Fees for your request must be received by the Quinter City Hall Office before records shall be sent.



FEES TO ASSESS RECORDS

- Fees determined based on actual cost to produce requested records.
- Prior to receiving the requested record(s) you will be notified of amount due. This amount must be paid before records will be sent.
- Additional fees, including any other costs incurred by the agency in connection with complying with a record request may be assessed to the requestor.

****TO BE COMPLETED BY CITY STAFF****

TIME REQUEST RECEIVED TO CITY OFFICE:

(Date) (Time) (Person receiving request)

RECORDS PROVIDED OR DENIED:

(Date) (Time) (Person providing record or denial)

Staff Time: ____ Hours, ____ Minutes, for a fee of \$ _____.

Fees for copies/pages made: \$ _____

Total Charges: \$ _____

Payment Received: \$ _____ Date/Time Received: _____

City Staff Signature