

City Clerk's Office  
509 5th Street  
PO Box 37  
Osawatomie, Kansas 66064  
(913) 755 - 2146  
cityclerk@osawatomieks.org



City Hall  
439 Main Street  
PO Box 37  
Osawatomie, Kansas 66064  
(913) 755 - 2146  
info@osawatomieks.org

## REQUEST FOR RECORD INSPECTION OR FOR A COPY

DATE \_\_\_\_\_

NAME OF INDIVIDUAL REQUESTING RECORDS \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

*I certify that I do not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information requested for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (B) sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed. [See K.S.A. 45-220 (c) (2)]*

Signature \_\_\_\_\_

### RECORD(S) SOUGHT

Please provide as specific a description as possible of the record(s) you desire to inspect or for which you request a copy. Include records titles and dates as well as the name of the court which holds the record.

<u>Description of Record(s)</u>	<u>Number of Copies Desired</u>
1. _____	_____
2. _____	_____
3. _____	_____

**CHARGE(S)** *Prepayment of the following amount may be required.*

A charge for providing access to public records is authorized by state law and has been established by the Kansas Supreme Court. Charges are set to compensate for the actual costs in honoring your request. The fee for copying records is \$0.60 per page.

### (This Section to be Completed by Records Custodian)

Time of Request \_\_\_\_\_  
(Date) (Time) (Person Receiving Request)

Records Provided or Denied \_\_\_\_\_  
(Date) (Time) (Person Providing Record or Denial)

Staff Time Involved \_\_\_\_\_ (Hours) \_\_\_\_\_ (Minutes) = \$ \_\_\_\_\_ (Total Charge for TIME)

Copies Made \_\_\_\_\_ (Copies) x \$0.60 = \$ \_\_\_\_\_ (Total Charge for COPIES)

TOTAL CHARGE(S) FOR REQUEST - \$ \_\_\_\_\_

Estimated Payment Received \$ \_\_\_\_\_

Amount Remaining Due \$ \_\_\_\_\_ (OR) Amount Refunded \$ \_\_\_\_\_

\_\_\_\_\_  
Records Custodian Signature