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REQUEST FOR OPEN PUBLIC RECORDS

To be completed by Requestor - Please Print

Full Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Daytime phone: _____

Document of Record Sought – Please provide a specific description of the record(s) you desire. Include record titles and dates, as well as the names of City agencies or departments which produced or hold the record(s).

Record or Document Title and Date:

- 1.) _____
- 2.) _____
- 3.) _____

(Most records will be provided within three (3) full business days from the date of request)

Certificate of Compliance with K.S.A. 45-220 (c)

I hereby declare 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 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 who resides at any address listed.

Requestor Signature

Date

RECORD FEES (To be completed by Record Custodian)

The Kansas Open Records Act authorized public agencies to charge reasonable fees (which may be requested in advance) for providing access to or furnishing copies of public records.

Time of Request: Date: _____
Time: ____: ____ AM/PM

Time Access Provided: Date: _____
Time: ____: ____ AM/PM

Staff Time for Research Involved: ____ Hours ____ Minutes Charge: \$ _____

Charge per page copied: # _____ pages X \$.25 = \$ _____

Total Charges: \$ _____ Prepaid: _____ Paid: _____ Billed: _____

Record Custodian