

REQUEST FORM FOR COPIES OF OPEN RECORDS

Rose Hill City Hall, P O Box 185, 125 W. Rosewood, Rose Hill, KS 67133

(To be completed by Requestor and submitted to applicable department)

Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number(s): _____

RECORD(S) SOUGHT: Make sure your request is as specific as possible so that we can attempt to fulfill it accurately and completely.

**CERTIFICATE OF COMPLIANCE WITH
K.S.A. 21-3914 & K.S.A 45-220(c)**

I, _____ (requestor) understand that no person shall receive, for the purposes of selling or offering for sale, any property or service to person listed therein, any list of names or addresses contained in or derived from a public record.

I also understand that violation of the statute prohibiting the unlawful use of names derived from public record is a civil violation.

In accordance with these provisions, I certify that I do not intend to, and will not, use any list of names or addresses contained in or derived from public records 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; neither will I sell, give, or other 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 circumstances provided in K.S.A. 21-3914.

NOTE: Kansas law provides that a public agency may charge and require advance payment of a fee for providing access to, or furnishing copies of public records.

Signature of Requestor

For office use only/to be completed by office staff:

Date request received: _____ (by: _____)

Date request provided: _____

Time request received: _____ (a.m. or p.m.)

Time request provided: _____ (by: _____)

Fees: _____ (# copies) x .50 + tax \$ _____ = \$ _____

Staff time: \$ _____ (hours x \$10.00 per hr.)

Total Fee: \$ _____ Date Paid: _____ Received by: _____ (initials)