

**REQUEST FOR OPEN PUBLIC RECORDS
CITY OF SCOTT CITY, KANSAS
620-872-5322**

NAME: _____ PHONE #: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____

REQUEST RECEIVED IN CLERK'S OFFICE – DATE: _____ TIME: _____

CITY CLERK'S OFFICE SIGNATURE: _____

COPIES SOUGHT: Please provide as specific a description as possible of the record(s) you desire to obtain. Include record titles and dates, as well as the names of city agencies or departments which produced or hold the record(s). Attach additional pages if more space is needed.

	<u>Record Title/Date</u>	<u>No. of Copies Desired</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

The charge to you for the records you request is:
\$.50 per page (either hard copies or digital copies)

"No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to person listed therein, any list of names and addresses contained in or derived from public records..."K.S.A. 45-230. By signing below, I attest I will not use the records requested in violation of K.S.A.45-230. I also acknowledge that, pursuant to K.S.A. 45-230(b)(6), a violation of this section can subject the violator to a civil penalty of up to \$500.00 per violation.

SIGNATURE: _____ DATE: _____

Total Charges: _____ Date Paid: _____

Records Received by: (Signature) _____ OR Mailed Emailed Faxed
(circle one)

Date Provided: _____ Time Provided: _____

Freedom of Information Officer's Signature: _____

City Clerk's Office Signature: _____