

**REQUEST FOR RECORD INSPECTION AND/OR COPY
CITY OF OVERLAND PARK, KANSAS**

To Be Completed by Requester:

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

E-MAIL ADDRESS: _____

COPIES SOUGHT: Please provide as specific a description as possible of the record(s) you desire to (___ inspect) (___ copy). Include record titles, dates, and number of copies desired:

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

CHARGES: A charge for providing copies of public records is authorized by state law and has been established by the City Governing Body. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee schedule established by the City is posted in this office.

SIGNATURE: _____

Your copy of this form is your receipt.

<u>CERTIFICATION</u>
I understand that K.S.A. 45-230, as amended, provides that except to the extent otherwise authorized, "No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in and derived from public records."
I also understand that a knowing violation of K.S.A. 45-230, as amended, can lead to imposition of a civil penalty up to \$500 for each violation.
I hereby 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 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.
SIGNATURE: _____
(Required only for records that contain a list of names and addresses or from which a list of names and addresses can be derived.)

FOR OFFICIAL USE ONLY: (To Be Completed by Record Custodian)

Time of Request: Date _____ Time Access Provided: Date _____
Time ___:___ AM PM Time ___:___ AM PM

The charge to you for copy(s) of the record(s) you request is: \$: _____

_____ Prepaid	_____ Based upon the posted formula
_____ Paid	_____ Based upon non-office reproduction costs
_____ Billed	

Records Custodian

Revised: 9-3-09