



REQUEST FOR OPEN PUBLIC RECORDS

RECORD REQUEST INFORMATION (To be completed by Requestor – Please Print)

Full Name: _____ Phone: _____

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

Record Requested (please be specific) _____ Request Type (please circle)
Inspection Only / Duplication

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

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.

Retrieval Time: ____ Hours ____ Minutes = \$
First 15 minutes No charge
Each 30 minutes thereafter or part of \$16.00

Duplication: Total Pages ____ X \$.30 per page = \$ _____
11 pages and over \$0.30 per page

Other (may include postage, data processing, etc.) at actual cost = \$ _____

TOTAL FEE DUE = \$ _____

YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT

RESULT OF RECORD REQUEST (To be completed by Record Custodian)

Was the Request Fulfilled? (please circle): **YES** / **NO** If “YES”, the date provided: _____

If “NO”, reason for not providing request (please check):

- ___ Request not in record form
- ___ Request not specific enough
- ___ Other (please specify) _____
- ___ Record does not exist
- ___ Record is closed per K.S.A. 45-221
- ___ Record restricted by Federal law, State statute, or Kansas Supreme Court decision

Signature Date

If you have any questions about your record request, please contact the City of Salina Freedom of Information Officer located in the City Clerk’s Office at (785) 309-5735.