



City of Roeland Park

Request for Record Inspection City of Roeland Park, Kansas

Name: _____

Address: _____

City _____

State _____

Zip _____

Phone: (Daytime) _____ (Evening) _____

CERTIFICATION: 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 addresses 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 purposes 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. [K.S.A. § 45-220]

Signature: _____

Records request: Please provide as specific a description as possible of the record(s) you desire to inspect. Include record titles and dates, as well as the names of city agencies or departments which produced or hold the record(s), if known. The City will respond to your request as soon as possible, but no later than the third business day following the date the request is received by the records custodian.

1. _____

2. _____

3. _____

Additional requests may be written on the back of this form.

CHARGES: A charge for providing copies of public records is authorized by state law. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The charge to you for access to the record(s) you requested is \$_____.

Request received by: _____

Request Date/Time: Date: _____ Time: _____

Access Date/Time: Date: _____ Time: _____

Staff Time Involved: _____ Hours _____ Minutes

Copies at \$.20 per copy _____ #of copies _____

Charges: \$_____

Signature, Record Custodian _____