



REQUEST FOR RECORD INSPECTION OR FOR A COPY
City of Liberal, Kansas

(The section below is to be completed by person making the request)

Date: \_\_\_\_\_
Name: \_\_\_\_\_
Address: \_\_\_\_\_
Daytime Phone \_\_\_\_\_
Email Address: \_\_\_\_\_

"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 that 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(6)(b), a violation of this section can subject the violator to a civil penalty of up to \$500.00 per violation.

Signature: \_\_\_\_\_

RECORDS SOUGHT: Please provide as specific a description as possible of the records you desire to inspect or for which you request a copy. Include record titles and dates, as well as the name of the court that holds the record.

Table with 2 columns: Description of Record, # of Copies Desired. Contains 3 numbered rows for record descriptions.

City Personnel will respond to your request within 72 business hours from the time of receipt. Responses may consist of a completed request (if no costs are incurred), a request for clarifying information to aid in the completion of the request, a timeline for completion, an itemized invoice for payment, or a reason the request cannot be fulfilled as requested.

Prepayment may be required.

(This section to be completed by the Records Custodian)

Time of Request: \_\_\_\_\_ (Date) (Time) (Person receiving request)
Records Provided or Denied: \_\_\_\_\_ (Date) (Time) (Person providing request or denial)
Staff Time: \_\_\_\_\_ hours, \_\_\_\_\_ minutes, at \$20.00 per hour for a Charge of \$ \_\_\_\_\_
Total Charges: \_\_\_\_\_ Date Paid: \_\_\_\_\_
Method of Record Delivery: [ ] In-Person [ ] Mailed [ ] Faxed [ ] Emailed

Records Custodian