



Open Records Request Form

Please complete the following:

Name: _____ Daytime Phone: _____
 Address: _____ Cell Phone: _____
 City, State, Zip: _____ Email: _____

CERTIFICATION:

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. (K.S.A. 45-220)

_____/s/_____
 Signature Date

RECORDS REQUESTED (charges will apply to either selection):

I am requesting copies or records. I am requesting to inspect records in person.

RECORD DESCRIPTION

CASE NUMBER

Please provide details of the records requested such as incident type, date of incident, case number, record titles, or City departments. If your request cannot be fulfilled by the third business day following the receipt of your request, an estimated timeframe for delivery will be provided.

| | # Copies |
|-------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

CHARGES:

A charge for providing access to or furnishing copies of public records is authorized by State law and has been established by the Leawood Governing Body. A list of fees can be found in the latest User Fee Schedule available at <https://leawood/governing-body/fee-schedule.org>. These charges provide compensation to the City for costs incurred in honoring your request. The charge for records requested, or an estimate, will be provided to you when that cost is calculated. Advanced payment may be required.

| | | |
|-----------------------|--------------------|-----------------------|
| FOR OFFICIAL USE ONLY | | |
| Received date: _____ | Received by: _____ | Date completed: _____ |