

FOR OFFICIAL USE ONLY

Received date: _____

Received by: _____



City of Leawood

Open Record Request Form

Please complete the following:

Name: _____

Address: _____ Daytime Phone: _____

City, State, Zip: _____ Cell Phone: _____

Email address: _____

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.

Signature

Date

RECORDS REQUESTED (charges will apply to either selection):

Case # _____

I am requesting report copies

I am requesting to inspect report records

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 receipt of your request, an estimated timeframe for delivery will be provided.

RECORD DESCRIPTION:

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. These charges provide compensation to the City for costs incurred in honoring your request. The charge for the records requested, or an estimate, will be provided to you when that cost is calculated. Advanced payment may be required. A copy of this form is provided as your receipt.

Total charges for this request = \$_____