

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

I am requesting report copies

Case # \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 will be required. A copy of this form is provided as your receipt.

To provide for safer social distancing practices, reports will be sent to you via a link in an email after we have received payment. You may then download the report by clicking on the link. If you have any questions, please contact Records at 913-663-9327.

Total charges for this request (for office use) = \$ \_\_\_\_\_