

Date \_\_\_\_\_

**CITY OF LEAWOOD, KANSAS**

**REQUEST FOR RECORD COPY**

[To be completed by Requester]

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**\*\*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: \_\_\_\_\_

**COPIES REQUESTED:**

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

	<u>Record Title/Date</u>	<u>No. Of Copies</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**CHARGES:**

A charge for providing copies of public records is authorized by state law and has been established by the Leawood Governing Body. These charges compensate the City for the actual costs incurred in honoring your request.

Your copy of this form is your receipt.

The charge for the copy(s) requested is \$ \_\_\_\_\_.