

## CITY OF MARION - OPEN RECORDS REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

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

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

Please advise if you would like to pick the records up or prefer a mailing to you. Pre-payment for copying and research fees may be required before the records search will begin or documents can be released or mailed.

\_\_\_\_\_ Pick-Up

\_\_\_\_\_ Mail

Please make available to the above listed person the following record(s):

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

### CHARGES

Research fees (15 min. increments)	Staff Member's actual salary per 15 min. increment
Review fees (15 min. increments)	Staff Member's actual salary per 15 min. increment
Photocopies	\$0.25 per page

### READ CAREFULLY BEFORE SIGNING

"No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons 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(b)(6), a violation of this section can subject the violator to a civil penalty of up to \$500.00 per violation.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Office Use Only

Your request has been:      Approved      Denied      Explanation Attached

This request has been prepared by:

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

**I HAVE RECEIVED THE COPIES OF THE INFORMATION I REQUESTED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date