



Request for Records

Name: _____ Street: _____

City: _____ State/Zip Code: _____

Email: _____ Phone : _____

If no email is provided, written responses will be postmarked within three business days.

Method of Fulfillment (select one):

Record inspection (in person) Paper Copies Electronic (PDF)

Record(s) sought: Please provide as specific a description as possible of the record(s) you would like to inspect. Include record titles and dates. The Library may ask for additional information to locate the record.

By signing this request form, the requester makes the following certification pursuant to K.S.A. 45-220(c)(2): "the requester does 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.

Requestor Signature: _____ Date of Request: _____

To be completed by Library Director or designee:

Date Received: _____

Request: Granted Denied Delayed

Prepayment of fees required? Yes No

Total fees: \$ _____

Staff time charge: \$ _____ (Hours: _____ Rate: _____)

Copying fees: \$ _____

Other costs (specify): \$ _____ Description: _____