



CITY OF PEABODY, KANSAS
Request for Records

Individual Requesting Records:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Business Phone: _____

Description of record(s) requested [of attach a list or description of records]:

In making this records request, I hereby certify that the information I have requested from the City will in no way be used in violation of the terms of the Kansas Open Records Act in that the information obtained will NOT be used for any of the following purposes:

1. I will not use any list of names or addresses within or derived from the records to sell or offer for sale any property or service to any person listed or to any person who resides at a listed address.
2. I will not sell or make available to anyone else such a list.
3. I will not use any lists of names and addresses of persons who are applying for licenses, registrations, certificates or permits to practice a profession or vocation for any purpose other than to provide to such applicant's educational materials or course information.

I also agree to pay the charges designated for such records.

Signed this _____ day of the _____, 20____.

Signature _____

Individual Requesting Records

(See reverse side for information on charges)
To Be Completed by Records Custodian

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the City Council of the City of Peabody. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee schedule established is available in this office. There will be a minimum of 1 hour charged for all record requests.

The Records Custodian's estimate of the charge to you for access to the record you requested above is: \$ _____.

Black and White Copies are \$.25 page each side.
Administrative research \$25.00 hour

Prepayment of this estimated amount:

☐ is required.

☐ is not required.

Records Custodian

Request Received: Date _____ Time _____

Records Provided: Date _____ Time _____

Staff Time Involved: _____ Hours _____ Minutes

Total Charges: \$ _____

Amt Prepaid: \$ _____

Amt Billed: \$ _____

Amt Refunded: \$ _____