



REQUEST FOR OPEN PUBLIC RECORDS
CITY OF CHANUTE, KANSAS
PO BOX 907, 101 SOUTH LINCOLN AVE., CHANUTE, KS 66720
Phone: 620-431-5200 / Fax: 620-431-5209
city@chanute.org / www.chanute.org

Pursuant to Kansas Open Records Act K.S.A. 45-218 & K.S.A. 45-220

REQUESTER'S NAME: _____

REQUESTER'S PHONE#: _____

REQUESTER'S EMAIL ADDRESS: _____

REQUESTER'S MAILING ADDRESS: _____

RECORDS SOUGHT: Please provide as specific a description as possible of the record(s) you desire to obtain. Include record titles and dates, if possible, as well as the names of city agencies or departments which produced or hold the record(s). Attach additional pages if more space is needed.

I request the information be provided in the following if possible (please check one). If electronic format is not available, you will be notified. Paper Electronic

"No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to person listed therein, any list of names and/or addresses contained in or derived from public records..." K.S.A. 45-230. By signing below, I attest 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(6)(b), a violation of this section can subject the violator to a civil penalty of up to \$500.00 per violation.

SIGNATURE: _____ DATE: _____

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Office Use Only:

Date Request Received: _____, 20____ Time Request Received: _____ am/pm

Total Charges (Attach Itemized Invoice): _____ Date Paid: _____

Method of Record Delivery: In-Person Mailed Faxed Emailed

Request Fulfilled by: _____ Date: _____ Time Provided: _____ am/pm

Record Custodian's Signature: _____