

CITY OF ST. FRANCIS, KS

REQUEST FOR PUBLIC RECORDS

NAME: _____ **DATE:** _____

TELEPHONE: _____ **E-MAIL:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

IDENTIFICATION/DESCRIPTIONS OF RECORD(S) SOUGHT: Please be as specific as possible when completing your public records request. We will be better able to process your request if you clearly identify the record(s) you are seeking. Your description of the record(s) must be reasonably and sufficiently identifiable to enable us to locate the record(s) you seek. If you can identify specific dates, locations, buildings, premises, topics, departments, people involved, or record titles, it will better assist us in the search for your requested record(s).

CHARGES: A charge for providing access to or copies of public records is authorized by state law and has been established by the City's governing body. Where a request has been made for inspection of any open public record, which is readily available to the record custodian, there shall be no inspection fee charged to the requester. In all other cases a record inspection fee shall be charged at the rate of \$25.00 per hour per employee engaged in the record search. A minimum charge of \$25.00 shall be charged for each such request. The charge is set at a level to compensate the City for the actual costs incurred in honoring your request. **A fee of \$.50 per page (plain paper) shall be charged for photocopying public records, such fee to cover the cost of labor, materials and equipment.** The records will be made available after all applicable charges have been paid.

I, _____, pursuant to K.S.A. 45-220, do hereby certify that:

1. I will not use the list of names and addresses contained in or derived from the requested public record(s) for the purpose of selling or offering for sale any property or service to any person or firm who resides at any address listed; or
2. I shall not sell, give, or otherwise make available to any person or firm any list of names and addresses contained in or derived from the requested public records or information for the purpose of allowing that person or firm to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

I understand that I will be contacted with the total cost of this information and my request will be processed upon the City's receipt of payment of the total cost.

Date: _____

Signature: _____

Printed Name: _____

**Submit Completed form to: City Clerk
P.O. Box 517
St. Francis, KS 67756**

**Phone: 785-332-3142
Fax: 785-332-2778
Email: clerk@cityofstfrancis.net**

This section to be completed by the Record Custodian

Time of request:

DATE: _____

TIME: _____

PERSON RECEIVING REQUEST: _____

Records Provided or Denied:

DATE: _____

TIME: _____

PERSON PROVIDING RECORD OR DENIAL: _____

Staff time involved: _____ hours, _____ minutes,
for a charge of \$ _____

Charge for copies made:

_____ copies (pages) X \$.50 each = \$ _____

Total Charges: \$ _____

Estimated payment received: \$ _____

Amount remaining due: \$ _____

(or)

Amount refunded: \$ _____