



City of Lawrence

Open Records Copy Request Application

REQUESTER INFORMATION				
Last Name:		First Name:		Middle Name:
Home Address	Street:	City:	State:	Zip:
Business Address	Street:	City:	State:	Zip:
Home Phone:		Alternate/Business Phone:	E-Mail Address:	
RECORD(S) SOUGHT: Please provide as specific as possible, a description of the record(s) you desire to copy, including titles and dates.				
Record Title/Description/Date:		City Department Possessing the record (if known):	No. of Copies:	
Record Title/Date:		Department:	No. of Copies:	
Record Title/Date:		Department:	No. of Copies:	

I, the undersigned, hereby certify that neither I nor any person for whom I may be acting as agent intends to and will not use any names or addresses contained in or derived from the records to sell or offer for sale any property or service to the persons or residents of the addresses listed, and will not sell, give or receive any list of names or addresses to be used for unlawful commercial purposes [See K.S.A. 45-220 (c)(2)(A)(B) and K.S.A. 45-230]

APPLICANT'S NAME (Printed)

APPLICANT'S SIGNATURE

TODAY'S DATE

CHARGES	
A charge for providing inspection or copies of public records is authorized by the Kansas Open Records Act and Chapter 1, Article 9, of the City Code. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. Prepayment may be required.	
STAFF USE ONLY:	
Record Search Charge	\$ _____
Copy Charge	\$ _____
The total charge for the record(s) requested	\$ _____
Prepayment of the above amount <input type="checkbox"/> is required <input type="checkbox"/> is not required	