



CITY OF SHAWNEE OPEN RECORDS REQUEST FORM

Name: _____

Date: _____

Address: _____

Phone: _____

E-Mail: _____

Please advise if you would like to pick the records up or if you would like them mailed to you. Payment for fees may be required before the records can be mailed.

____ Lobby Pick-up

____ Mail

____ E-Mail

Please make available to the above listed person the following record(s):

CHARGES

Research, Compilation and Data Transfer (after first 15 min.)	Actual hourly rate
Photocopies	\$0.25 per page
Electronic Photocopies	\$0.125 per page
Off-Site material retrieval	Actual retrieval costs
Audio/CD Diskettes	\$5.00 per diskette
Records not identified	Actual cost to produce
Photographs	\$1.00 per photo
Geographical Maps & Plans	(Electronic or Paper)
36x48 and larger - Black & White	\$5.00 per map
36x48 and larger – Color	\$10.00 per map
36x48 and smaller – Black & White	\$5.00 per map
36x48 and smaller – Color	\$10.00 per map

A complete list of fees for records can be found in Policy Statement 15 – Open Records at the City Clerk’s Department.

READ CAREFULLY BEFORE SIGNING

“No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in or derived from public records...” K.S.A 45-230.

By signing below, I attest that 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(b)(6), a violation of this section can subject the violator to a civil penalty of up to \$500.00 per violation.

SIGNATURE

DATE