



CITY OF LAKE QUIVIRA
10 CRESCENT BLVD
LAKE QUIVIRA, KS 66217
PH: 913-631-5300

OPEN RECORDS REQUEST

PLEASE PRINT AND COMPLETE THIS FORM - MISSING OR UNREADABLE INFORMATION COULD CAUSE A DELAY IN YOUR REQUEST

Name: _____ Date: _____

Address: _____ Phone: _____

E-Mail: _____

Please make available to the above listed person the following record (include date/time/ location/type of incident): _____

All fees will be assessed in accordance with the City of Lake Quivira Open Records Act Policy.

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..." KSA-45-230

By signing below, I attest that I will not use the records requested in violation of KSA 45-230. I also acknowledge that, pursuant to KSA 45-230(b)(6), a violation of this section can be subject to the violator to a civil penalty of up to \$500.00 per violation.

Signature

Date

OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

ITEMS TO BE RELEASED: _____ \$ _____

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ITEMS TO BE RELEASED: _____ \$ _____

ITEMS TO BE RELEASED: _____ \$ _____

ITEMS TO BE RELEASED: _____ \$ _____

ITEMS TO BE RELEASED: _____ \$ _____

PAYMENT RECEIVED _____

DATE RECEIVED: _____

BY: _____

METHOD OF PAYMENT _____

ITEMS NOT AVAILABLE AS REQUESTED: _____

DATE OF PAYMENT _____

DATE FAXED, OR PICKED UP: _____

BY: _____

(Recipient must be same as requestor)