KORA OPEN RECORDS REQUEST FORM

NAME: ____________________________________________________________

ADDRESS: _________________________________________________________

TELEPHONE: ___________________________ EMAIL: _______________________

Copies Sought: Please provide as specific a description as possible of the desired record(s) copy(ies). Include record titles and dates, as well as the names of City agencies or departments which produced or hold the desired record(s):

<table>
<thead>
<tr>
<th>Record Title/Date/City Agency or Department</th>
<th>Number of Copies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.________________________________________</td>
<td>_________________</td>
</tr>
<tr>
<td>2.________________________________________</td>
<td>_________________</td>
</tr>
<tr>
<td>3.________________________________________</td>
<td>_________________</td>
</tr>
</tbody>
</table>

Charges: A charge for providing copies of public records is authorized by State law and has been established by the City Council. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. Payments shall be made by check or money order payable to: Tonganoxie City Treasurer. Checks must include the name, address and phone number printed on the check. Driver's license number and date of birth may also be required.

The fee schedule shall be $0.25/page plus the cost of staff time involved at $10/hour per employee engaged in the record search. The City may require prepayment if the estimated charge exceeds $25. The full charge, if it exceeds the estimated charge, is due and payable upon delivery.

The City has a responsibility to protect certain records from disclosure; therefore, City Attorney approval may be required.

___________________________________________________________
TO BE COMPLETED BY RECORD CUSTODIAN

Time of Request: Date:______________________________ Time:______________________________

Access Provided: Date:______________________________ Time:______________________________

Staff Time Involved: ___________________ Hours ___________________ Minutes

Charge per page copied $___________ Charge for use of non-office copying equipment $___________

Total charges: $____________________

Prepaid___________ Paid___________ Billed___________

Records Custodian
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CERTIFICATION

The person signed this Certification has submitted the attached request for records to the City of Tonganoxie, Kansas, and hereby certifies:

1. I understand that K.S.A. 45-230, as amended, provides that except to the extent otherwise authorized, “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 and derived from public records.”

2. I also understand that a violation of K.S.A. 45-230, as amended, shall result in payment of a civil penalty in an action brought by the attorney general or county or district attorney in a sum set by the court not to exceed $500 for each violation.

3. I hereby certify that I do not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Signature: ______________________________

Printed Name: __________________________

Date: ________________________________