



CITY OF LANSING OPEN RECORD REQUEST

To be completed by requester:

Name: _____

Address: _____ City, State, Zip: _____

*Daytime Phone: _____ *Evening Phone: _____

*Email Address: _____

*Optional, but may be helpful to expedite your request.

CERTIFICATION:

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 any 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. K.S.A. 45-220.

Signature: _____ Date: _____

RECORDS REQUESTED:

Please provide as much detail as possible of the record(s) you are requesting. Include record titles and dates, as well as the name of the City department(s) that hold the record, if known. If your request cannot be fulfilled by the third business day following receipt of your request, an estimated time frame for fulfilling your request will be provided.

K.S.A. 45-215:223.

CHARGES:

A charge for providing access to or furnishing copies of public records is authorized by state law and has been established by the Lansing Governing Body. These charges provide reasonable compensation to the City for the costs incurred in responding to your request. The charge for the records will be provided to you when it is known, and a \$25.00 deposit is required before processing your request.

FOR OFFICIAL USE ONLY: Paid Deposit: Receipt #: _____ Cash Check Credit

Staff Time: _____ @ \$18.00/hour = \$ _____

Copies : _____ @ \$.25/copy = \$ _____

Electronic Copies : _____ @ \$5.00/copy = \$ _____

Other Charges: _____ = \$ _____

Minus Deposit (\$25.00)

TOTAL: \$ _____ Refund Balance (Attach PR) Paid Amount Owed: Receipt #: _____ Cash Check Credit_____
City of Lansing Records Custodian

Requestor Contacted: _____ By: _____

Your request for records has been:

_____ Granted as of Completion Date: _____

_____ Delayed for reason of: _____

_____ Denied for reason of: _____

_____ Cannot be located at this time, please provide additional identification information.

_____ Our search for the record is continuing. You will be contacted when it is located.

_____ Our office is attempting to establish whether the record is an open public record. You will be contacted when this is established.

_____ Record is not made, maintained, kept by, or in the possession of any City office. It may be obtainable at: _____

Note: It is your legal right to challenge a denial by means of legal action presented in Lansing Municipal Court.