RECORD REQUEST CITY OF ELLINWOOD

(To be co	ompleted by requester, please p	orint) NAME:	
		ADDRESS:	
	C	CITY & STATE:	
receive a		ic a description as possible of the and dates, as well as the names of n:	
	Record Title	Date	Number of Copies
1.)			
2.)			
	9	Certification of Requester	
Ι,		, having made a written r	equest for access to and/or
		uant to the Kansas Open Records	
that I do i	not intend to, and will not:		
• 9	the purpose of selling or offering person who resides at any addre Sell, give or otherwise make ava or derived from the record(s) or	ses contained in or derived from t g for sale any property or service ess listed; or ailable to any person any list of na r information for the purpose of a rivice to any person listed or to an	to any person listed or to any mes or addresses contained in llowing that person to sell or
		Signature of Req	uester
	5.0ta. 5 5		
establish custodia \$.50 per	ned by the city governing bod in, an inspection fee of \$15 per page shall be charged for pho	es of public records is authorizedly. If a requested copy is not a hour (\$3.50 minimum) will be chaptocopying public records, such seeded, will be passed on to requested.	readily available to the record arged for each request. A fee of fee to cover the cost of labor,
OFFICE U	JSE ONLY: Prepayment of estin	mated fees may be required at tir	me of request
Inspection	on Fee (if applicable)		\$
Charge p	on Fee (if applicable) per page copied:		\$
Postage	Costs (if applicable)		\$ \$ \$
Total Fee	es		\$
		 Records Custodiar	 1