Scott City
est. KANSAS 1885
Vibrant Today, Brighter Tomorrow

REQUEST FOR OPEN PUBLIC RECORDS
CITY OF SCOTT CITY, KANSAS
221 W 5th Street, Scott City, KS 67871
Phone: 620-872-5322 / Fax: 620-872-3391
scottcty@scottcityks.org / www.scottcityks.org

Pursuant to Kansas Open Records Act K.S.A. 45-218 & K.S.A. 45-220

REQUESTER'S NAME: _____

REQUESTER'S PHONE #: _____

REQUESTER'S EMAIL ADDRESS: _____

REQUESTER'S MAILING ADRESS: _____

RECORDS SOUGHT: Please provide as specific a description as possible of the record(s) you desire to obtain. Include record titles and dates, if possible, as well as the names of city agencies or departments which produced or hold the record(s). Attach additional pages if more space is needed.

City Personnel will respond to your request within 72 business hours from the time of receipt. Responses may consist of a completed request (if no costs are incurred), a request for clarifying information to aid in the completion of the request, a timeline for completion and/or itemized invoice for payment, or a reason that the request cannot be fulfilled as requested.

"No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to person 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 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(6)(b), a violation of this section can subject the violator to a civil penalty of up to $500.00 per violation.

SIGNATURE: _____ DATE: _____

Office Use Only:

Total Charges (Attach Itemized Invoice): _____ Date Paid: _____

Method of Record Delivery: ☐ In-Person ☐ Mailed ☐ Faxed ☐ Emailed

Request Fulfilled by: _____ Date: _____ Time Provided: _____

City Clerk's Office Signature (if other than the Freedom of Information Officer): _____

Freedom of Information Officer's Signature: _____

Kansas Open Records
K.S.A. 45-218
K.S.A. 45-220