

REQUEST FOR RECORD INSPECTION

CITY OF KIOWA

TO BE COMPLETED BY REQUESTOR

NAME: _____

ADDRESS: _____
_____ **City, State, Zip**

EMAIL: _____

SIGNATURE: _____

PHONE: _____

RECORD(S) SOUGHT: Please provide as specific a description as possible of the record(s) you desire to inspect or copy. Include record(s) titles and dates, as well as the names of City agencies or departments which produced or hold the record(s):

Record Title/Date

1) _____

2) _____

3) _____

4) _____

ADVISORY: 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, unless otherwise specified. *K.S.A. 1988 Supp. 21-3914*

CHARGES: A charge for providing access for inspection or providing copies of public records is authorized by state law. These charges are set at uniform levels approved by the City Manager to cover costs incurred by the request.

To maintain record integrity, all inspection requests will be supervised and the estimated, applicable staff time must be pre-paid. Copies will be provided subject to pre-payment of estimated research and production charges. Requests requiring minimal effort will incur no research charge, but overly burdensome requests will be denied, according to State law.

CONTACT: Please provide your written request to:

By mail: City Clerk
618 Main St., Kiowa, KS 67070

By email: cityclerk@kiowaks.org or cityadminr@kiowaks.org