

**CITY OF LENEXA  
OPEN RECORD REQUEST FORM**



To be completed by Requester:

Name:	
Address:	City, State, Zip:
*Daytime Phone:	*Mobile Phone:
*Email:	

*\* 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 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:
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**RECORDS REQUESTED:**

Please indicate with an "X" whether you wish to have copies provided (\_\_\_\_) or wish to inspect the records (\_\_\_\_).  
Please provide as specific a description as possible of the record(s) you are requesting. Include record titles and dates, as well as the name of the City department which produced or holds the record(s), if known. If your request cannot be fulfilled by the third business day following receipt of your request, an estimated timeframe for fulfilling your request will be provided.

*\* If neither space is marked, copies will be assumed. Charges apply to both copies and inspection.*

Record Description	No. of copies
1.	
2.	
3.	
Please attach additional pages, if necessary.	

**CHARGES:**

A charge for providing access to or furnishing copies of public records is authorized by state law and has been established by the Lenexa Governing Body. These charges provide reasonable compensation to the City for the costs incurred in responding to your request. The charge for the records requested will be provided to you when it is known, and advance payment may be required.

FOR OFFICIAL USE ONLY:	Received by: _____ Date/Time Received: _____ Action Taken: _____
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