

CITY OF WELLINGTON
OPEN RECORDS REQUEST FORM

Date: _____ Department that records are requested from _____

Request submitted by- Name: _____

Addr: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

RECORD(S) SOUGHT: Make sure your request is as specific as possible so that we can attempt to fulfill it accurately and completely.

CERTIFICATE OF COMPLIANCE WITH
K.S.A. 21-3914 & K.S.A. 45-220(c)

I, _____, understand that no person shall receive, for the purposes of selling or offering for sale any property or service to person listed therein, any list of names or addresses contained in or derived from a public record.

I also understand that violation of the statute prohibiting the unlawful use of names derived from a public record is a Class C misdemeanor.

In accordance with these provisions, I certify that I do not intend to, and will not, use any list of names or addresses contained in or derived from public records 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; neither will I 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, except under authority of the limited circumstances provided in K.S.A. 21-3914.

Signature of Requestor

A charge for providing access to public records is authorized by state law and has been established by the city governing body in Ordinance No. 3383.

The standard copying fee is 25 cents per page. Responses that require one-half hour or more of staff time to locate and/or prepare the record/s will be charged \$15.00/hour on a quarterly hour basis. Full or partial prepayment is required if estimate of fees exceed \$15.00.

Date Request Received: _____