

(To be completed by requestor)

Today' Date: ____/____/____

Name: _____

(Please Print)

Address: _____

Street #

City, State, Zip

Phone #: _____

(This will be the address records will be sent.)

Copies Sought: Please provide as specific a description as possible of the record(s) you desire inspection/copies of. Include case numbers, record titles and dates, as well as the name of the person involved. Records will be released in a timely manner, typically within 3 business days after request is received. There may be a fee for the records.

CHARGES: A charge for providing inspection/ copies of public records is authorized by state law and has been established by the City of Iola's Governing Body. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee schedule established by the City is available for your review. There is a \$.25 copy per page charged.

Please read and sign certification below. A copy of this form will be returned to you as receipt.

CERTIFICATION OF REQUESTER

I, _____, acting on behalf of (agency name) _____
having made a written request for access to and/or copies of

which is/are (a) public record(s) pursuant to the Kansas Open Records Act (KORA), do hereby certify that I do not intend to, and will not:

- use any list of names or addresses contained in or derived from the record(s) 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
- sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the record(s) or information for the purpose of allowing that person to sell or offer to sale any property or service to any person listed or to any person who resides at any address listed, or:

which is/ are **not** (an) open public record(s) pursuant to the Kansas Open Records Act (KORA), and dissemination of which is restricted under Kansas Statute will not:

- disseminate the information provided to me, which would be in violation of any federal, state or local law. I will dispose of the record according to law.

I understand photo identification may be required of me at the time this request is submitted.

Signature of Requester