



City of Herington  
Kansas Open Records Act  
Request Form

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Description of Public Record(s) being requested (please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION

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 addresses 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 purposes 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)

Charges:

Copies (per page)	\$0.25
Mail Charge	Actual Cost
Faxed Copy (per page)	\$0.65
Search charge (staff time per hour)	\$10.00 minimum

Requestors Signature \_\_\_\_\_

Date of Request \_\_\_\_\_

Date Records supplied \_\_\_\_\_

Records Custodian Signature \_\_\_\_\_

Estimated Cost \_\_\_\_\_