

REQUEST FOR OPEN PUBLIC RECORDS
CITY OF BAZINE, KANSAS
214 S. Main Street PO Box 43
Bazine, KS 67516
Phone (City Clerk Cell): (785) 398-1260/Fax: (785) 398-2195
bazcity@gbta.net/www.cityofbazine.com
Pursuant to Kansas Open Records Act K.S.A. 45-218 & K.S.A. 45-220

REQUESTER'S NAME: _____

REQUESTER'S PHONE #: _____

REQUESTER'S EMAIL ADDRESS: _____

REQUESTER'S MAILING ADDRESS: _____

RECORDS SOUGHT: Please provide as specific a description as possible of the record(s) you desire to obtain. Include record titles and dates, if possible. Attach additional pages if more space is needed.

"No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to person listed therein, any list of names and addresses contained in or derived from public records..."K.S.A. 45-230. By signing below, I attest I will not use the records requested in violation of K.S.A. 45-230. I also acknowledge that, pursuant to K.S.A. 45-230(6)(b), a violation of this section can subject the violator to a civil penalty of up to \$500.00 per violation.

SIGNATURE: _____ DATE: _____

Office Use Only:

Total Charges (Attach Itemized Invoice): _____ Date Paid: _____

Method of Record Deliver: ☐ In-Person ☐ Mailed ☐ Faxed ☐ Emailed

Request Fulfilled by: _____ Date: _____ Time: _____

City Clerk's Signature(if other than the Freedom of Information Officer): _____

Freedom of Information Officer's Signature: _____

Kansas Open Records
K.S.A. 45-218
K.S.A. 45-220