



CITY OF HOPE
P.O. BOX 307
HOPE, KS 67451

785-366-7218 Phone
785-366-7371 Fax

Name _____ Address _____

City _____ State _____ Zip _____

E-mail _____ Fax# _____ Phone# _____

Notice

K.S.A. 45-230 prohibits using names and addresses derived from public records for certain commercial purposes. This includes using public records to sell property or services. Persons are also prohibited from obtaining public records with the intention of making the records available to a third party for such purposes. Violation of this law is a civil offense punishable by fine. Violations will be referred to the Attorney General or the County Attorney for prosecution.

The undersigned hereby requests access to the records described below and certifies that the undersigned has a right to access of the records. The undersigned further certifies that the information obtained from the records will not be used for a prohibited purpose.

Sign below to request a record under the Open Records Act, K.S.A. 45-215 *et seq.*, and to indicate your understanding of the conditions outlined above.

Signature

Date

Records Request:

Please provide a SPECIFIC description of the records you want to inspect or copy.

Fees to Access Records:

(Payment required when picking up document)

Set Up Fee: \$ _____
CD Fee: \$ _____
Labels: \$ _____
Postage: \$ _____
Copy Fee: \$ _____
Staff Fee: \$ _____
Total \$ _____

(cash, check, credit card)

Date Request Received: _____ **Date Request Completed:** _____

Request Completed By: _____ **City Clerk's Signature:** _____