

## REQUEST FOR OPEN PUBLIC RECORDS CITY OF OTTAWA, KANSAS

101 S. Hickory Street, Ottawa, KS 66067 Phone: 785-229-3600

CityClerk@ottawaks.gov / www.ottawaks.gov

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:		
REQUESTER'S MAILING ADDRESS:		
RECORDS SOUGHT: Please provide as specific Include record titles and dates, if possible, as well or hold the record(s). Attach additional pages if r	ll as the names of	city agencies or departments that produced
City Personnel will respond to your request with consist of a completed request (if no costs are incompletion of the request, a timeline for complet request cannot be fulfilled as requested.	curred), a request f	for clarifying information to aid in the
"No person shall knowingly sell, give or received service to person listed therein, any list of named records" K.S.A. 45-230. By signing below, I at K.S.A.45-230. I also acknowledge that, pursuant the violator to a civil penalty of up to \$500.00 person.	s and addresses co test I will not use to t to K.S.A. 45-230	ontained in or derived from public the records requested in violation of
Signature:		Date:
Office Use Only:		
Total Charges (Attach Itemized Invoice):		Date Paid:
Method of Record Delivery: ☐ In-Person ☐ Mai		
Request Fulfilled by:		
Freedom of Information Officer's Signature:		