



OPEN RECORDS REQUEST

CITY OF OBERLIN, KANSAS

1 Morgan Drive, Oberlin, KS 67749

cityofoberlin@oberlinkansas.gov

www.oberlinkansas.gov

Pursuant to Kansas Open Records Act K.S.A. 45-218 & K.S.A. 45-220

REQUESTER INFORMATION:

Name: _____ Phone Number: _____

Address: _____ City/State/Zip Code: _____

Email: _____

RECORDS REQUESTED: Provide a specific description of records requested, including title, dates, departments involved, etc. Please note that all city council agendas and minutes, as well as the city code, are available on the city website at www.oberlinkansas.gov.

ACKNOWLEDGEMENT AND SIGNATURE:

- City Personnel will respond to your request within 72 business hours from the time of receipt. Responses may consist of a request for clarifying information, a timeline for completion, a request for payment, or a reason that the request cannot be fulfilled.
- Pursuant to K.S.A. 45-220, I do not intend to, and will not:
 - 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 address listed; or
 - 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 purpose 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.

Requester Signature: _____ Date: _____

-----**For City Use Only**-----

Date Received: _____ Time Received: _____

Response:

Date of Response: _____ Time of Response: _____

Method of Delivery: _____

Fees (Attach Itemized Invoice): _____ Date Paid: _____

Freedom of Information Officer's Signature: _____