## CITY OF LENEXA OPEN RECORD REQUEST FORM



	KD KEQUEST FORM	K A N S	A S
To be completed by F	<u>lequester:</u>		
Name:			
Address:		City, State, Zip:	
*Daytime Phone: *Cell Phone:			
Buytime I none.		cen i none.	
*Email:			
· ·	have the copies provided? (E	•	
* Optional, but may	be helpful to expedite your reque	est.	
CERTIFICATION	.т.		
		[A] Use any list of names or addresses cont	ained in or derived
from the records or	information for the purpose of se	elling or offering for sale any property or serv	vice to any person
		ted; or [B] sell, give or otherwise make availaged from the records or information for the pu	
		ervice to any person listed or to any person v	
address listed. K.S	.A. 45-220.		
Signature:	Signature: Date:		
RECORDS REQUE			
		copies provided () or wish to inspect the re	
		of the record(s) you are requesting. If your your request, an estimated timeframe for ful	
		will be assumed. Charges apply to both copie	
Record Description			No. of copies
Please provid	le the defendant's name, d	late of birth, case no., & violations	
1.			
2.			
	Please attach ad	lditional pages, if necessary.	
CHARGES:			
		s of public records is authorized by state law harges provide reasonable compensation to the	
		or the records requested will be provided to y	
	ent may be required.		,
FOR OFFICIAL	Received by:		
USE ONLY:	Date/Time Received:		
	Action Tokon		