

City of Oberlin 1 Morgan Dr Oberlin, KS 67749 Phone: 785-475-2217 Fax: 785-475-2925

THIS REQUEST MAY BE REJECTED UNLESS ALL ITEMS ARE COMPLETED AND CORRECT FEES SUBMITTED

REQUEST FOR RECORD

CITY OF OBERLIN

NAME:		(Printed)
ADDRESS:		
PHONE NUMBER:		
EMAIL ADDRESS:		
SIGNATURE:		
Copies Sought: Please provide speci record title, date, originating city age		
Record Title/Date		ginating Agency/Department
1 2 3		
for the actual costs incurred in ho Prepayment for the above requ	noring record request. est is required.	e set at a level to compensate the city
(To be completed by Records Cus	todian)	
Request: Date	Access Provided:	Date Time
Pages Copied page Staff time Involved hour		\$ \$
TOTAL CHARGES		\$
	Paid by:	Check # Credit Card Cash

Your copy of this form is your receipt

Certificate of Compliance with K.S.A. 45-220 (c)

I,, understa	nd that no person shall receive, for the purposes of
selling or offering for sale any property or service	to person(s) listed therein, any list of names or
addresses contained in or derived from a certain p	public record(s).
I also understand that violation of the statue prohirecord is a class C misdemeanor.	ibiting the unlawful use of names derived from a public
addresses contained in or derived from public rec property or service to any person listed or to any sell, give or otherwise make available to any pers from the records or information for the purpose o	I do not intend to, and will not, use any list of names or ords for the purpose of selling or offering for sale any person who resides at any address listed; neither will I on any list of names or addresses contained in or derived f allowing that person to sell or offer for sale any ny person(s) who resides at any address listed, except
Signature	Date