

CITY OF NEWTON, KANSAS
Request for Records

Individual Requesting Records:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Business Phone: _____

Description of record(s) requested: (if possible, please include birthdate)

Inspection/ Copy of Public Records

_____ See Attached

In making this records request, I hereby certify that the information I have requested from the City will in no way be used in violation of the terms of the Kansas Open Records Act in that the information obtained will NOT be used for any of the following purposes:

1. I will not use any list of names or addresses within or derived from the records to sell or offer for sale any property or service to any person listed or to any person who resides at a listed address.
2. I will not sell or make available to anyone else such a list.
3. I will not use any lists of names and addresses of persons who are applying for licenses, registrations, certificates or permits to practice a profession or vocation for any purpose other than to provide to such applicants educational materials or course information.

I also agree to pay the charges designated for such records.

Signed this _____ day of the _____, 20__.

Signature _____
Individual Requesting Records