



City Of Coffeyville, Kansas

City Clerk's Office

P.O. Box 1629
Coffeyville, Kansas 67337

620-252-6108
phone
620-252-6175 fax
information@coffeyville.com

www.coffeyville.com

REQUEST FOR RECORD INSPECTION OR FOR A COPY

(The section below is to be completed by person making the request)

Name: _____ Phone: _____

Address: _____ Email: _____

I certify that I do not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information requested 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 (B) 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. See K.S.A.45-220 (c) (2).

Signature: _____ Date: _____

RECORD SOUGHT: Please provide as specific a description as possible of the records you desire to inspect or for which you request a copy. Include records titles and dates as well as the name of the court which holds the record.

<u>Description of Record</u>	<u># of copies desired</u>
1. _____	_____
2. _____	_____
3. _____	_____

Fees: A fee for providing copies of public records is authorized by state law and has been established by the City governing body at 25 cents per page. These charges are set at a level to compensate the city for the actual costs incurred in filling your request.

to be filled out by City Clerk

Date of request	_____	Time of request	_____
Date notified	_____	Time notified	_____
Date of access	_____	Time of access	_____
Number of pages	_____	Fee per page	\$0.25
		Total fee	_____

_____ Record Custodian