



City of Syracuse
P.O. Box 148
109 N. Main
Syracuse, KS 67878

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Office 620-384-7818
Fax 620-384-6612

**City of Syracuse
Request for Access to Public Records**

Note: An estimated fee will be collected at the time of request for Public Records is initiated. When requested material is received, the estimated fee will be adjusted accordingly.

FEE SCHEDULE

Research Time:

\$10.00 minimum of one-half hour of research time for each request.
\$25.00 for each hour or part thereof of research time for each request.

Copies:

\$0.50 per copy for each page copies to fulfill a request.

Fax:

\$2.00 for each copy faxed.

Additionally, the custodian may assess such additional charges as may be necessary to pay mailing and handling costs accrued in responding to request through the mail service.

Due to specific kinds of documents and reports and the methods used to process these documents and reports, record custodians in individual departments may, at their discretion, establish separate reasonable fees, in accordance with the Kansas Open Record's Act, for documents and reports unique to that department, provided the established fees are posted in full view of the public.

All city record custodians shall provide full access to open public records of the City and shall provide assistance to those persons who request access to them, provided that all requests for access to inspect or copy open records be in writing.

TO REQUEST OPEN RECORDS, PLEASE COMPLETE THE FOLLOWING

Name _____

Address _____

Mailing address if different from above _____

Description of Record Requested: _____

Form in which you wish to receive records(i.e. printouts, photocopies)

Daytime phone number: _____

FOR CITY OF SYRACUSE USE

- Department _____, City of Syracuse
- Request for access/copies of record granted. Date received _____
P.O. Box 148 *Syracuse, KS 67878*Phone: 620-384-7818

- Date approved _____
- Request for access/copies denied. Reason for denial: _____
- Cost estimate: _____

Amount of Payment\$ _____ Received on _____

CERTIFICATION OF USE OF PUBLIC RECORDS OBTAINED FROM CITY OF SYRACUSE, KANSAS
(Authorized by K.S.A.45-220)

I, _____, do hereby certify that I do not intend to, and will not
(A) Use any list of names of addresses contained in or derived from public records of or information from City of Syracuse 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 records of or information from City of Syracuse 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.