



Riley City Hall
 222 S. Broadway
 P.O. Box 314
 Riley, KS 66531
 (785) 485-2802
 cityclerk@cityofriley.com
www.cityofriley.com

Request for Record Copy

To be completed by requestor *(Please print or type)*:

Name: _____

Address: _____

Daytime Phone: _____

Document or Record sought – Please provide as specific a description as possible of the record(s) you desire. Include record titles and dates, as well as the names of city agencies or departments which produced or hold the record(s).

Record or Document Title and Date

- 1.) _____
- 2.) _____
- 3.) _____

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

I, _____, understand 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 public record(s).

I also understand that violation of the statute prohibiting the unlawful use of names derived from a public record is a class C misdemeanor.

In accordance with these provisions, I certify that I do not intend to, and will not, use any list of names or addresses contained in or derived from public records 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; neither will I 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(s) listed or to any person(s) who resides at any address listed, except under authority of the limited circumstances.

Signature

Date

Mail or deliver this request to: City of Riley, Kansas
Attn: City Clerk
222 S. Broadway
P.O. Box 314
Riley, KS 66531

Office use only:

Date Received: _____

Date Of Response: _____

Costs:

Staff Time: _____ x \$10.00/hr = \$ _____

Copies: _____ x \$ _____ = \$ _____ Total Costs: \$ _____