



**CITY OF
INDEPENDENCE
KANSAS**

"Delivering Excellence"

**KANSAS OPEN RECORDS ACT
K.S.A. 45-215 et seq.**

**REQUEST FORM
(Please print legibly)**

Name _____

Business Name: (if applicable) _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone _____ **E-mail Address** _____

Record(s) Requested (Please be specific)

___ Accident Report Date of Accident: _____ Name: _____

Cost (\$2.00)

___ Police Report Date of Report _____ Name _____

Location _____

___ KORA Request (Please be specific)

___ Yes ___ No I request that if the records are on computer, that they be transmitted to me electronically.

___ Yes ___ No I request that copies of the records be provided to me

Response Time The City of Independence will acknowledge receipt of the request no later than the third business day following the receipt of the request. Upon review of the request, the requestor will be notified of a timeline for producing the records and any related fees. Request for records not yet in existence or documents to be created prospectively cannot be honored.

Fee Schedule

Copies \$0.25 per page
Staff Time Determined by staff hourly rate and time
Estimated Fee _____

PROHIBITED USE: K.S.A. 45-230 prohibits the use of the information obtained by the Kansas Open Records Act for commercial purposes. You may be required to sign a written affidavit that you will not use the information obtained for any purpose prohibited by law.

Signature _____ Date _____

(Please return form to: 811 West Laurel-Independence, Kansas 67301 – Attn: KORA Request)

Questions: 620.332.2500 – David Schwenker, City Clerk