



CITY OF LEOTI

Council Meeting
1st & 3rd Monday – 7:00 p.m.

PUBLIC INFORMATION REQUEST

I certify, with my signature, 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).

Name:		Date:
Address:		
City:	State:	Zip code:
Daytime Phone:	Fax Number:	Email Address:
Preferred Method of Delivery: <input type="checkbox"/> E-Mail <input type="checkbox"/> Pick Up In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax (Fees must be paid in advance, including staff processing time)		
Description of Requested Information (Note: Please be specific, this may help reduce request completion time):		
<input type="checkbox"/> Check this box to receive the City Council Agenda Packet before each regular meeting.		
Requestor's Signature:		

FOR INTERNAL USE ONLY		
Request Receipt & Department Review:	Request Completion:	Copying & Staff Work Time Fees:
Request Recipient Date	Request Completed By _____ / / Date Completed / / Date Requestor Contacted Notification by <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail / / Date Request Picked Up or Sent	_____ x \$0.25 = \$ _____ # Pages Copied Fee \$10.00/Per hour for staff to complete the Request. _____ x \$10.00 = \$ _____ # Hours Worked Fee \$ _____ Total Cost