



**City of Great Bend
Building Inspection
Request for Public Record Copy**

To be completed by requestor (please print or type)

Name: _____

Address: _____

Daytime Phone Number: _____

Email: _____

Document or Record Sought (Please provide as specific a description as possible of the record(s) you desire. Include record titles, dates and addresses.)

Purpose of Records Request _____

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, deliver or email request to:

City of Great Bend, Kansas
Building Inspections
1217 Williams Street Great
Bend, Kansas 67530
aschrage@greatbendks.net

***Our office will estimate the time involved to compile the requested information. The requestor will be notified of the time and costs associated with the request. Payment is required in advance for the estimated costs. Upon receipt of the completed request and payment of estimated costs, we will compile the information. Any outstanding fees or overpayments will be bill or reimbursed accordingly.*

To be completed by Building Inspections

Date Request Received _____

Date of Response _____

Request Completed By _____

Estimated Costs:

Staff Time _____ hours x \$32 / hour = \$_____

Copies _____ x \$0.25 = \$_____

Total Estimated Costs: \$_____

Actual Costs:

Staff Time _____ hours x \$32 / hour = \$_____

Copies _____ x \$0.25 = \$_____

Total Actual Costs: \$_____