



**City of Cawker City**  
804 Locust  
Cawker City, KS 67430  
**Phone:** 785-781-4713  
**Fax:** 785-781-4436  
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## City of Cawker City Request for Records

### Instructions & Other Information

- Make sure that your request is precise and clear as to what you want.
- If you have any questions about your request, contact your local Freedom of Information Officer.
- Most records will be produced within three business days from the time the request is received.
- If the request is denied, you will receive a written explanation for the delay or denial.

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I, \_\_\_\_\_ pursuant to K.S.A. 45-220 do hereby certify that:  
Print Name

1. I will not use the list of names and addresses contained in or derived from the requested public record for the purpose of selling or offering for sale any property or service to any person or firm who resides at any address listed; or
2. I shall not sell, give or otherwise make available to any person or firm any list of names and addresses contained in or derived from the requested public records or information for the purpose of allowing that person or firm to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.
3. I will use this information for the purpose of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I understand that I will be contacted with the total cost of this information and my request will be generated upon the agency's receipt of payment of the total cost.

**Date:** \_\_\_\_\_ **No. of Copies** \_\_\_\_\_ **Fees:** \_\_\_\_\_  
(must be paid in advance)

**Applicant's Signature:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
**Title:** \_\_\_\_\_