

CITY OF BASEHOR MUNICIPAL COURT

OPEN RECORDS REQUEST FORM

To be completed by Requestor. Please PRINT clearly:



Name:

Address:	City, State, Zip:
*Daytime Phone:	*Cell Phone
Email:	

**Optional but may be helpful to expedite your request.*

I request the information be provided in the following format if possible (please check one). If electronic format is not available, you will be notified. Print Electronic

I certify 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. I certify I have read and understand the policies and procedures outlined in page 2 of this form.

Signature:

Date:

RECORDS REQUESTED:

Please indicate with an "X" whether you wish to have copies provided or wish to inspect the records *

Please provide as specific a description as possible of the record(s) you are requesting. If your request cannot be fulfilled by the third business day of your request, an estimated timeframe for fulfilling your request will be provided. *If neither space is marked, copies will be assumed. Charges apply to both copies and inspection.

Records Description	Number of copies
Please provide the defendant's name, date of birth, case no., & violations	
1.	
2.	

Please attach additional pages, if necessary.

CHARGES:

A charge for providing access or furnishing copies of public records is authorized by state law and has been established by the Basehor Governing Body. These charges provide reasonable compensation to the City for the costs incurred in responding to your request. The charge for the records requested will be provided to you when it is known, and advance payment may be required.

FOR OFFICIAL Received by: _____ Date/Time Received: _____ Action Taken: _____
 USE ONLY: Date Processed: _____ Return of Service according to Requestor Preference: _____