

**CITY OF OLATHE, KANSAS
FAX NUMBER 971-7766**

REPORT REQUEST FORM

Attorney

Name or Contact _____ Phone #: _____
Address _____
City/State/Zip _____

Record Copy Request

Defendant _____ D.O.B. _____
Charge(s) _____
Case Number (s) _____
Date of Incident _____ Location _____
Phone #: _____

I affirm that I represent the above-named subject in this case:

I am: Court Appointed _____ Retained _____

FEES: A Charge for providing copies of public records is authorized by state law and has been established by the City governing body in Municipal Administrative Regulation No. 20-10. These fees are set at a level to compensate the City for the actual costs incurred in honoring your request. Fees are payable at the Court Clerk's office Monday-Friday, 8:00 a.m. – 4:00 p.m.

ACKNOWLEDGMENT: I hereby acknowledge that I am aware the Kansas Open Records act provides:

"Except to the extent otherwise authorized by law, no person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or services to persons listed therein, any list of names and addresses contained in and derived from public records."
I further acknowledge that a violation of this section is a Class C misdemeanor.

Signature _____

Date _____

**PROSECUTOR'S OFFICE
CITY OF OLATHE, KANSAS
FAX NUMBER 971-7766**

VIDEO/AUDIO REQUEST FORM

Attorney

Name or Contact _____

Phone #: _____

Address _____

City/State/Zip _____

Please mark which is requested: Video _____

Audio _____

Defendant _____

D.O.B. _____

Charge(s) _____

Case Number (s) _____

Date of Incident _____

Location _____

I affirm that I represent the above-named subject in this case:

Attorney Name

I am: Court Appointed _____ Retained _____

FEE: \$25.00 VIDEO. \$15.00 AUDIO. TO BE PAID AT THE TIME OF REQUEST.

ACKNOWLEDGMENT: I hereby acknowledge that I am aware the Kansas Open Records act provides:

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I further acknowledge that a violation of this section is a Class C misdemeanor.

Signature _____

Date _____