

REQUEST FOR RECORDS

Municipal Court of Salina, Kansas

255 N. 10th Street, Salina, KS 67401

Phone: (785) 826-7230 Fax: (785) 826-7235

PART A: Requestor Information

Last name	First name	Middle name
Street Address		Date of birth
City	State	Zip
Daytime Telephone	Preferred Delivery <input type="checkbox"/> Pick Up or <input type="checkbox"/> Mail or	
<input type="checkbox"/> Fax (Number):	or	<input type="checkbox"/> Email (Address):

PART B: Information Requested

Do you need CERTIFIED copies? Check one: Yes No *Certified copies MUST be mailed or picked up only

Check here if records sought are for the requestor, if **NOT** fill out name and date of birth of defendant

Last, First Middle	Date of birth
List all hyphenated names or aliases	
Case Number(s) if known	

Charge(s) Check here for ALL charges or list specific charge(s):

I certify that I do not intend to and will not: (1) 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 (2) 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:

Signature:

Date:

PART C: Payment Information

A charge for providing access to public records is authorized by state law; refer to Salina Code Chapter 2 Article VIII for additional information. A deposit may be required of \$15.00.

Research fee(s): No Charge for the first 15 minutes

Copy fees: \$0.30 per page for 11 pages and over

\$15.00 for 15-30 minutes

Postage fees: Standard postage fees apply

\$15.00 for each 30 minutes thereafter or any part of

MUNICIPAL COURT USE ONLY

Date Received	Time Received	Clerk Initials receiving	Deposit (research fee) (First 30 minutes) \$15.00:	
Date Completed	Time Completed	Clerk Initials completing	Additional research time (30) minutes _____ x\$15.00:	
Additional research/copy fees owed:			Copies _____ x\$0.30:	
Requestor notified:			Postage:	
			Balance Due:	
			Request Total:	

Records will be held for thirty (30) days from the date of completion.

Updated 8/15