



Open Records Procedure Cherokee County Clerk

110 W. Maple St. Room 131
Columbus, KS 66725

The Kansas Open Records Act (KSA 45-215 et seq.) guarantees citizens the right to inspect or obtain copies of public records that are not exempt from disclosure by specific provisions of law. Citizens have a right to obtain a copy of any County agency's procedures for access to records, and to request assistance from the County Freedom of Information Officer. An agency may require that requests be submitted in writing; this form is provided for convenience. If a request is denied, the agency must provide specific reasons for denial.

PRINCIPAL OFFICE AND HOURS

Cherokee County Clerk
110 W. Maple ST, RM 131
Columbus, KS 66725

Mon-Fri: 7:00 AM - 5:00 PM
Except official holidays
authorized by the Board of
County Commissioners

CONTACT INFORMATION

Official Custodian	Contact Information Location: 110 W. Maple St, RM 131 Columbus, KS 66725 Telephone: (620)429-9500 EXT 5 Fax: (620)429-1042
Rebecca Brassart County Clerk e-mail: rebecca.brassart@cherokeecounty-ks.gov	
Open Records Coordinator	
Shelby Robinson, Clerk e-mail: Shelby.Robinson@cherokeecounty-ks.gov	

FEES

Search fee (per quarter hour per staff member) \$4.50 Fax per page... \$0.40
Copies per page (letter or legal) \$0.50 Additional fees may apply \$

Responses by The Clerk's Office- We will act upon requests as soon as possible. Within three business days we will provide (1) records requested; or (2) a response estimating fees and information regarding the Clerk's ability and plans to provide the requested records.

Fees-Fees for responses that exceed the threshold for recovery of costs will be charged, per the fee schedule. All fees are to be paid in advance.

Office Use Only

Date/Time of Request _____ / _____ Request Received by _____

Staff Time Involved _____ Hours _____ Min Total Charge for Staff Time _____



Open Records Request

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Date of request	Submitted to (agency)	Payment Type Credit Card Cash Check
Name (required)		Mailing address (required)
Telephone (optional)	Fax (optional)	Email address (optional)
Please identify the records requested as specifically as possible or describe the information you want (required).		
I requested to (please check all that apply) ... <input type="checkbox"/> Inspect the records named/described. <input type="checkbox"/> Make notes from the records named/described. <input type="checkbox"/> Obtain copies of some of the records named/described. <input type="checkbox"/> Obtain copies of all records named/described.		How do you wish to receive your response? <input type="checkbox"/> Call me to discuss. <input type="checkbox"/> Fax me at the telephone number I provided. <input type="checkbox"/> Email me at the email address I provided. <input type="checkbox"/> Send them by mail to the address I provided. <input type="checkbox"/> I will return in person.
I _____, as the requester of the records described above hereby state that consistent with KSA 45-230 I do not intend to, and will not use any list of names or addresses contained in or derived from the records or information 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 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 do declare or certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.		
Signature of Requester		Date