



Open Records Request Form

Name: Date:

Street Address:

City: State: Zip Code:

Daytime Phone: E-Mail:

Description of Information Requested:

A charge for providing the information is authorized by State Law including staff time spent providing the requested information. Payment is due when the order is picked up or prior to being released.

CERTIFICATE OF COMPLIANCE WITH K.S.A. 45-220(c)

I, _____, do hereby certify that I 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 an 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.

Sign below to request a record search and to indicate your understanding of the conditions outlined above.

Signature

Office filling request: _____

Cost: _____