

# Open Records Request

(K.S.A. 45-220 et seq)

Request for Copies or Access (Please print or type)

## I. Requester's Information:

Requester: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

## II. Requests:

Description of information requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this information be used?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How do you wish to obtain this information? U.S. Mail  Priority Mail  Fax  Pick Up

## III. Signature – Before signing this document, read this section carefully.

I do hereby certify that I will not: "(A) 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 (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."  
(K.S.A. 45-220(c)(2))

## III. Fees

Copies will be \$0.50 a page. When the request requires research, compiling, typing, and or printing records, the charge will be \$10.00 per hour, with a minimum fee of \$10.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_