

OPEN RECORDS REQUEST

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

Office your requesting information from: _____

Requester: _____ Company: _____
(please print) (if applicable)

Address: _____
(Street) (City) (St) (Zip)

Daytime Phone: (____) _____ Fax: (____) _____ E-Mail: _____

Description of information requested:

How will information be used?:

In what median do you prefer the information? (circle one): Paper Electronically

How do you wish to obtain information? (circle one): U.S. Mail Priority Mail Fax E-mail Pick Up

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 my address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses contain 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.

X _____ Date: _____
(signature of requesting party)

FOR GOVERNMENT USE ONLY

___ Request for records granted. _____

___ Request for records denied. Reason: _____

Estimated materials description: _____ Cost: \$ _____

Estimated labor description: _____ Cost: \$ _____

Estimated postage description: _____ Cost: \$ _____

Total Estimated Cost: \$ _____

Received payment in full: \$_____ (cash check card) Date payment received: _____

Records request completed by: _____ Date completed: _____