



KANSAS OPEN RECORDS ACT REQUEST FORM

This form is provided for your convenience, but is not mandatory. Requests can be made by mail, email, fax, online, or in person.

Name: _____

Business Entity: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Record(s) Requested (Please be as specific and detailed as possible)

I 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).

By signing below I agree to these conditions.

Signature

Date