

**REQUEST FORM FOR COPIES OF OPEN RECORDS**  
(To be completed by Requestor and submitted to applicable department)

Date: \_\_\_\_\_  
Department that records are requested from

Name: \_\_\_\_\_

Addr: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**RECORD(S) SOUGHT:**      Make sure your request is as specific as possible so that we can attempt to fulfill it accurately and completely.

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**CERTIFICATE OF COMPLIANCE WITH  
K.S.A. 21-3914 & K.S.A. 45-220(c)**

I, \_\_\_\_\_, understand that no person shall receive, for the purposes of selling or offering for sale any property or service to person listed therein, any list of names or addressed contained in or derived from a public record.

I also understand that violation of the statue prohibiting the unlawful use of names derived from a public record is a Class C misdemeanor.

In accordance with these provisions, I certify that I do not intend to, and will not, use any list of names or addresses contained in or derived from public records 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; neither will I sell, give, or otherwise make available to any person any list of names or addressed 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, except under authority of the limited circumstances provided in K.S.A. 21-3914.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Print or type name of Requestor

Date request received: \_\_\_\_\_