

OFFICE OF THE COUNTY CLERK

OPEN RECORDS REQUEST

Requester: \_\_\_\_\_ Company: \_\_\_\_\_  
(please print) (if applicable)

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

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

By signing below, I acknowledge that I am aware of and understand K.S.A. 45-230. Pursuant to the Kansas Open Records Act, I request the following records (*Please specify*):

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

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

**READ CAREFULLY BEFORE SIGNING**

**“No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in or derived from public records...” K.S.A. 45-230(a). Violation of this law may subject the violator to a civil penalty of \$500.00 for each violation.**

By signing this request form, the requester makes the following certification pursuant to K.S.A. 45-220(2): “the requester does not intend to, and 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 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 POTTAWATOMIE COUNTY USE ONLY -----

\_\_\_ Request for records granted. \_\_\_\_\_

\_\_\_ Request for records denied. Reason for denial: \_\_\_\_\_

Estimated materials description: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Estimated labor description: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Estimated postage description: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Total Estimated Cost: \$ \_\_\_\_\_

Received payment in full of: \$ \_\_\_\_\_ (cash or check) Date payment received: \_\_\_\_\_

Records request completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_