



Kansas Open Records Act
K.S.A. 45-215 et seq.

REQUEST FORM*
(Please print legibly)

Name _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail 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).

Signature _____ Date _____

Please return form to:

Kansas Department of Administration
Office of Chief Counsel
Attn: KORA Request
1000 SW Jackson, Suite 500
Topeka, KS 66612

Or fax to:

(785) 296-2702