



**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 Email to:**

DOA\_KORA@ks.gov