

Name _____ Address _____
 City _____ State _____ Zip _____ Phone _____
 E-mail _____ Legislators only: Capitol Room # _____ Capitol Phone _____

Notice

K.S.A. 45-230 prohibits using names and addresses derived from public records for certain commercial purposes. This includes using public records to sell property or services. Persons are also prohibited from obtaining public records with the intention of making the records available to a third party for such purposes. Violation of this law is a civil offense punishable by fine. Violations will be referred to the attorney general or district attorney for prosecution.

The undersigned hereby requests access to the records described below and certifies that the undersigned has a right of access to the records. The undersigned further certifies that the information obtained from the records will not be used for a prohibited purpose.

Sign below to request a record under the Open Records Act, K.S.A. 45-215 *et seq.*, and to indicate your understanding of the conditions outlined above.

Do not write in this space

Signature _____ Date _____

Records Request:

Please provide a specific description of the records you want to inspect or copy.

Fees to Access Records:

- The fees will be determined by the division having access to the requested records.
- Prior to receiving the requested records you will be informed of the amount due.
- Notice: There is a \$25 service fee for all returned checks.

Please return to: Secretary of State, Attn: Legal Counsel, 120 SW 10th Ave., Topeka, KS 66612-1594
Pre-paid account # _____ **For more information e-mail:** kora@sos.ks.gov, (785) 296-4801.

Credit card number: _____ Expiration date: _____
Month Year

Date received: _____ Completed by: _____ Date completed: _____
 Total Amount Due: _____ Date Paid: _____