

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.

\_\_\_\_\_  
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**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: Diane Minear, 120 SW 10th Ave., Topeka, KS 66612-1594  
**Pre-paid account #** \_\_\_\_\_ **For more information e-mail:** dianem@kssos.org, (785) 296-4801.

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Month Year

Date received: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_  
 Total Amount Due: \_\_\_\_\_ Date Paid: \_\_\_\_\_