

**REQUEST FOR OPEN RECORDS**

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**PART A: Requestor Information**

Requests will only be accepted by mail or in person

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last, First Middle

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Preferred Delivery:**  Pick up or  Mail

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**PART B: Information Requested**

**Description:** Please provide a specific description of the record(s) you are requesting. Include all case numbers (if known), dates, or any other pertinent information. If the records are not for the requestor, please include the defendant's name, date of birth, all hyphenated names or aliases, and charge information:

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

Do you need CERTIFIED copies? Check one:  Yes  No

I certify that I do not intend to and will not: (1) Use any list of names or addresses contained in or derived from the records or information requested 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 (2) 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. Any person who knowingly violates this certification shall be liable for the payment of a civil penalty not to exceed \$500.00 for each violation (K.S.A. 45-230).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*(Part C is for Office Use Only)*

**Office Use Only: Do Not Write Below This Line**

**PART C: Payment Information**

*A charge for providing access to public records is authorized by state law.*

	Qty	Total
Report Copies: \$7.50 first 20 pages	_____	\$ _____
\$0.25 for each additional page	_____	\$ _____
CD/DVD/Audio: \$25.00 per item	_____	\$ _____
Research: \$12.50 per half hour	_____	\$ _____
Postage & Handling: \$ _____	_____	\$ _____
<b>Total Charges Due:</b>		<b>\$ _____</b>

Prepaid       Paid

Date of Initial Response to Requestor: \_\_\_\_\_

Date Information Released to Requestor: \_\_\_\_\_

Signature of Person Releasing Documents: \_\_\_\_\_