ELLSWORTH COUNTY CLERK’S OFFICE

KANSAS OPEN RECORDS REQUEST

(K.S.A. 45-220 et seq)

REQUEST PURSUANT TO KANSAS OPEN RECORDS ACT

READ CAREFULLY BEFORE SIGNING

“No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in or derived from public records…” K.S.A. 45-430(a).

Violation of this law may subject the violator to a civil penalty of $500.00 for each violation.

(TO BE COMPLETED BY REQUESTER)

Please print

NAME: ______________________________ COMPANY NAME: ______________________________

ADDRESS: ______________________________ DAY TIME PHONE: (____) _________

CITY, STATE, ZIP CODE: ______________________________ FAX NUMBER: (____) _________

EMAIL: ______________________________ COMPANY NAME: ______________________________

By signing this request form, the requester makes the following certification pursuant to K.S.A. 45-220(c)(2): “the requester does not intend to, and 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 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.”

X ______________________________ DATE: ______________________________

(SIGNATURE OF REQUESTING PARTY)

RECORD(S) REQUESTED: Please provide as specific a description as possible of the records you desire to inspect or for which you request a copy. Include records titles and dates

Description of Record # of copies desired

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________
FOR OFFICE USE ONLY:

1) Form of Identification

2) Request: Granted____ Denied____ Delayed____

Copies

Estimated Costs $______________

Signature of Technician______________