

**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. _____	_____

5. _____

FOR OFFICE USE ONLY:

1) Form of Identification _____

2) Request: Granted _____ Denied _____ Delayed _____ _____ Copies

Estimated Costs \$ _____

Signature of Technician _____