NEMAHA COUNTY, KANSAS
KANSAS OPEN RECORDS ACT REQUEST FORM

Name _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Record(s) Requested *(Please be specific)* _____

_____

_____

_____

_____

_____

I hereby certify that I will not:

(A) Use any list of name(s) 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

(B) Sell, give, or otherwise make available to any person any list of name(s) 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. K.S.A. 45-220(c)(2)

Signature _____ Date _____

_____

FOR OFFICE USE ONLY

Date received _____ Received by _____ Form of ID _____

( ) Record provided on _____ ( ) Delayed until _____

( ) Denied because _____