



KANSAS OPEN RECORDS ACT REQUEST FORM

Name:

Agency: (if applicable)

Address:

Phone:

Email:

Records Requested: (please include as many identifiers and case information as you can)

In accordance with K.S.A. 45-220(c)*, I certify that I do 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 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.

Signature:

Date:

Return Form to:

Geary County Sheriff's Office

Attn: KORA Request

826 N. Franklin St.

Junction City, KS 66441

Or Fax to: 785-762-5085