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STATE OF KANSAS – TENTH JUDICIAL DISTRICT
RECORDS MANAGEMENT DEPARTMENT
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REQUEST FOR RECORD COPY

Pursuant to Open Records Act K.S.A. 45-215 through 45-230

To be completed by requester. Please print clearly:

NAME:_____BUSINESS/ORGANIZATION:_____

STREET:_____APT/STE#_____CITY:_____ST:_____ZIP:_____

PHONE:_____EMAIL:_____

I hereby acknowledge that K.S.A. 45-230 provides: "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 therein, or derived from public records…" (Exceptions noted (1), (2), (3), (4), and (5).) I understand and acknowledge that a violation of this law can subject the violator to payment of a civil penalty set by the court not to exceed $500 for each violation.

SIGNATURE:_____DATE:_____

PLEASE FILL OUT ONE FORM PER CASE.

CASE #:_____CASE CAPTION:_____

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FEES TO BE COMPLETED BY CLERK. PLEASE EMAIL FOR PRICE QUOTE:

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Research fee		@ $12.00 PER HOUR	$
Other fees			$
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Payment types accepted

- Mail in requests: cashier's check, money order or personal check. Please write driver license number and date of birth on personal check. Please do not mail cash.
- In person: cash, cashier's check, money order, personal check, debit card, or credit card. Personal check, debit and credit cards will require photo i.d. of person listed on face of check or card.

Completed by: ____Date: _____Receipt #: _____, Bill☐,N/C☐
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