



REQUEST FOR OPEN PUBLIC RECORDS

If you have any questions about your record request, please contact the County of Republic

RECORD REQUEST INFORMATION (To be completed by Requestor – Please Print)

FULL NAME: _____

ADDRESS: _____

(Street)

(City)

(Zip)

Record Requested (please be specific):

(Most records will be provided within 3 full business days from the date of the request)

I hereby declare that I do not intend to, and will not:

1. 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
2. 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 who resides at any address listed.

Requestor Signature

Date

RESULT OF RECORD REQUEST (To be completed by Record Custodian)

Was the Request fulfilled? (Please circle) **YES / NO**

If “**YES**”, the date provided: _____

If “**NO**”, reason for not providing request (please check):

_____ Request not found in record form

_____ Record does not exist

_____ Request not specific enough

_____ Record is closed per K.S.A. 45-221

_____ Other (please specify)

_____ Record restricted by Federal Law,

State statue or Kansas Supreme

Court decision

(Signature)

(Date)