



**Kansas Open Records Act**  
K.S.A. 45-215 et seq.

**REQUEST FORM\***  
(Please print legibly)

Name \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

I hereby certify that I 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. K.S.A. 45-220(c)(2).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form to:

Kansas Department for Children and Families  
Public Information Officer  
Attn: KORA Request  
555 South Kansas Ave., 6<sup>th</sup> Floor Topeka, KS 66603

\*This form is provided as a convenience in making your written request. Updated 1/06/17