

ATCHISON COUNTY KANSAS
REQUEST FOR ACCESS TO PUBLIC RECORDS

REQUESTING PARTY'S IDENTIFICATION INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell #: _____ E-mail: _____

NOTICE: K.S.A. 45-230 prohibits using names and addresses derived from public records for certain commercial purposes. This includes using public records to sell property or services. Persons are also prohibited from obtaining public records with the intention of making the records available to a third party for such purposes. Violation of this law is a civil offense punishable by fine. Violations will be referred to the attorney general or to the county attorney for prosecution.

The undersigned hereby requests access to the records described below and certifies that the undersigned has a right of access to the records. The undersigned further certifies that the information obtained from the records will not be used for a prohibited purpose.

Signature: _____ Date: _____

Description of Records Requested: _____

Format of Records Requested (Printouts, Photocopies, Computer Disks): _____

| Estimated Cost: | Actual Cost: |
|--|--------------------------|
| Research Time to nearest quarter hour: | Research Time: |
| Pay Level of Clerk's Employee | Pay Level: |
| Multiplied by Billing Rate of Researcher | |
| Total Charges for Employee Research | Total Research Charge |
| Number of Pages at .50 | Pages at .50 |
| Total Estimated Cost | Total Actual Cost |

