

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 as specific and detailed as possible)*

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:
Morris County USD 417
Amber Weeks
17 Wood St.
Council Grove, KS
66846
or email
aweeks@cgrove417.org

*This form is provided as a convenience in making your written request.