Wilson County Freedom of Information Officer

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KANSAS OPEN RECORDS ACT REQUEST FORM PER KSA 45-215 et seq.

Name		
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 contained in or derived from the records to sell or offer for sale any property or sell.	e to any person any list of s or information for the pu ervice to any person listed	rpose of allowing that person
at any address listed. K.S.A. 45-220(c)(2) (C) I acknowledge that this form is provi	l. ded as a convenience in m	aking my written request.
Signature	Da	ate