

LABETTE COUNTY FORM I
REQUEST FOR RECORD INSPECTION

NAME: _____

ADDRESS: _____ (Street)

_____ (City, State, Zip)

RECORD(S) SOUGHT: _____

CERTIFICATE OF COMPLIANCE WITH
K.S.A. 45-220(C); K.S.A. 45-230

I, _____, understand that no person shall receive, for the purpose of selling or offering for sale any property or service to persons listed herein, any list of names or addresses contained in or derived from a public record.

I also understand that violation of the statute prohibiting the unlawful use of names derived from a public record shall subject me to payment of a civil penalty in a sum set by the court not to exceed \$500 for each violation.

In accordance with these provisions, I certify that I do not intend to, and will not, use any list of names or addresses contained in or derived from public records 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; neither will sell, give, or otherwise make available to any person any list 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, except under authority of the limited circumstances provided in K.S.A. 45-220.

Signature

Name (please type or print)

SWORN AND SUBSCRIBED to before me, a Notary Public, on this ____ day of _____, 20__

Notary Public

My Commission Expires:

LABETTE COUNTY FORM III

**STATEMENT OF FEES COLLECTED TO PROVIDE ACCESS TO OR
FURNISH COPIES OF PUBLIC RECORDS**

IN ACCORDANCE WITH KANSAS OPEN RECORDS ACT (KORA)

NAME _____

COMPANY _____

NUMBER AND STREET _____

CITY, STATE, ZIP _____

TELEPHONE NO. _____ TAX I.D. NO. _____

(Tax ID information is requested pursuant to K.S.A. 75-6201, and would be used only in the event of the county's right of set-off. Disclosure is voluntary.)

Description of records requested to be made available for review or to reproduce.

STAFF TIME CHARGE:
___ \$10.00 per hour for research time..... \$ _____

COPYING CHARGE:
___ Copies @ 50 cents per page, 75 cents for duplex..... \$ _____

FAX CHARGE:
___ Copies faxed @ \$1.00 first page, 50 cents add'tl page.... \$ _____

Public Service Requests
___ 1 cent per name..... \$ _____

TOTAL CHARGES: \$ _____

(Record Custodians Signature)

(Date)

**NOTE: All personal checks should be made payable to the LABETTE COUNTY CLERK.
Payment required in advance of receiving the requested document.
Requests for records not yet in existence, or documents to be created prospectively,
cannot be honored.**