REQUEST FOR RECORD INSPECTION OF COPIES
COUNTY OF MONTGOMERY STATE OF KANSAS

(To be completed by Requester)

NAME: _____________________________________________________________

ADDRESS: _________________________________________________________

______________________________________________________________

RECORD(S) SOUGHT: ___________________________________________________

______________________________________________________________

______________________________________________________________

CERTIFICATE OF COMPLIANCE WITH K.S.A. 21-3914; K.S.A. 45-220©

I, ____________________________________________, understand that no person shall receive, for the purpose of selling or offering for sale any property or service to person listed therein, 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 is a Class C misdemeanor.

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 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, except under authority of the limited circumstances provided in K.S.A. 21-3914.

______________________________________________________________

Signature

______________________________________________________________

Name (please type or print)

CHARGES: A charge for providing copies of public records is authorized by state law and has been established by the County governing body. These charges are set at a level to compensate the County for actual costs incurred in honoring your request. The fee schedule established by the County is posted in this office.

The charge to you for copy(s) of the record(s) you requested is: $____________.

Prepayment of the above amount ______ is required ______ is not required. Your copy of this form is your receipt.

(To Be Completed by Record Custodian)

VOTER REGISTRATION-COMPUTER PRINTOUTS
1 cent charge per name
2 cents a label
$25 a diskette

Total Charge $__________ Prepaid__________ Paid__________ Billed__________

• An employee hourly rate may apply based on length of time for research & copying.

______________________________________________________________

Record Custodian

Signature