USD 251 NORTH LYON COUNTY
REQUEST FOR INFORMATION FORM

Name of Requestor: _____

Address of Requestor: _____

Phone Number: _____ Email: _____

Date of Request: _____

Nature of Request: _____

_____

_____

CERTIFICATION OF PROPER USE OF REQUESTED RECORDS

I hereby certify that the information sought in this Kansas Open Records Act request is not sought for the purpose of selling or offering for sale any property or service to the persons listed therein. I further acknowledge that, pursuant to K.S.A. 45-230, any person subject to this section who knowingly uses names and addresses obtained through a Kansas Open Records Act request for the purpose of selling or offering for sale any property or services to the persons listed therein shall be liable for a civil penalty in an action brought by the attorney general or county or district attorney in a sum set by the court not to exceed $500.00 per violation.

Pursuant to K.S.A. 45-220(c), and amendments thereto, I hereby certify that I do not intend to, and I will not, use any list of names or addresses provided to me for the purpose of selling or offering to sell any property or services to any person listed or to any person who resides at any address listed, unless specifically authorized by law.

I further certify that I do not intend to, and I will not, sell, give or otherwise make available to any other person any list of names or addresses provided to me by the for the purpose of allowing such other person to sell or offer to sell any property or services to any person listed or to any person who resides at any address listed, unless specifically authorized by law.

_____ _____

Printed Name of Requestor Signature of Requestor

Copy Expense: _____ $0.20 per page @ _____ number of pages

Postage Expense: _____ (estimated cost)

Office Expense: _____ $34.00/hour (up to 15 min. $8.50; up to 30 min. $17.00)

Misc. /Other Expense: _____

Total Cost: _____ due prior to release of information

Waive Fee: _____ Authorization: _____

Log of hours, work requested: _____

_____

_____

_____

_____

Payments must be sent to:

USD 251 North Lyon County
Attn: Nicolette Nuessen
PO Box 527
Americus, KS 66835

Records will not be released until payment is received and any checks have cleared the bank.

Payment received: _____

Check cleared: _____

Records sent: _____