MONTGOMERY COUNTY REQUEST FOR ACCESS TO PUBLIC RECORDS

Date:
Name of Requesting Party
Address:
Phone number where you can be reached during business hours (optional)
K.S.A. 45-220(b) A Public Agency may require a written request for inspection of public records (and) require proof of identity of any person requesting access to a public record(c)the agency may requirewritten certification that (1) the requester has a right; or (2) the requester does not intend to, and will not: (A) use any list of names or addresses contained in and derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed, 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.
Description of Record Requested:
Form in which you wish to receive records (i.e. printouts, photocopies, electronic):
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Signature of Requesting Party:
FOR MONTGOMERY COUNTY USE
Estimated Cost
Amount for copies Hourly rate per employee
Amount for CD, Floppy Disc, Electronic Listing
Total estimate fee (if any)

CERTIFICATION OF USE OF PUBLIC RECORDS OBTAINED FROM $MONTGOMERY\ COUNTY$

(Authorized by K.S.A. 45-220)

(A)	ditionized by N.O.A. 40"220)
records of or information from her for sale any property or service address listed; or (B) sell, give names or addresses contained Montgomery County for the pur	, do hereby certify that I do not intend to, names or addresses contained in or derived from public Montgomery County for the purpose of selling or offering to any person listed or to any person who resides at any or otherwise make available to any person any list of in or derived from records of and or information from the pose of allowing that person to sell or offer for sale any son listed or to any person who resides at any address.
	Signed:
	Title (If Applicable)
	Company Name:
	Address:
	
•	Date: