STEVENS COUNTY GIS REQUEST FOR ACCESS TO INFORMATION

Requester Name:			
Company Name:			
Address:			
City:	State:	Zip:	
Phone Number during business hours			
ID Checked:			
For Office Use Only (Area between black lines will be Request GrantedRequest Denied. Reason for denial:	•		rm is returned)
Request received on on on Information request completed by	, 20 , 20	TOTAL:	

To be signed by the Requestor only after doing the following:

- 1. Review and agree to pay the fees charged
- 2. Review and <u>abide completely</u> with the Kansas Open Records Act (K.S.A. 45-215 thru K.S.A. 45-220) {full copy available to read-please request}



Name of Requesting Party:
K.S.A. 45-220:
" (b) A public agency may require a written request for inspection of public records but shall not otherwise require a request to be made in any particular form. Except as otherwise provided by subsection (c), a public agency shall not require that a request contain more information than the requester's name and address and the information necessary to ascertain the records to which the requesters desires access and the requester's right of access to the records. A public agency may require proof of identity of any person requesting access to a public record. No request shall be returned, delayed or denied because of any technicality unless it is impossible to determine the records to which the requester desires access. (c) If access to public records of an agency or the purpose for which the records may be used is limited pursuant to K.S.A. 45-221 or K.S.A. 2011 Supp. 45-230, and amendments thereto, the agency may require a person requesting the records or information therein to provide written certification that: (1) The requester has a right of access to the records and the basis of that right; or (2) the requester does not intend to, and will not: (A) Use any list of names or addresses contained in <i>or derived</i> 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 to any person any list of names or addresses contained in <i>or derived</i> 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 who resides at any address listed"
Detailed description of Information requested (add page if not sufficient room here):
Method of delivery [pick up in office or mailed {postage will be paid by requester}]
Stevens County G.I.S. makes every effort to maintain and distribute accurate information, no warranties

Stevens County G.I.S. makes every effort to maintain and distribute accurate information, no warranties and/or representations of any kind are made regarding the information, data or services provided. Stevens County, Kansas shall not be held liable in any way to the users of this data. Users of this data shall hold Stevens County harmless in all matters arising from the use and/or accuracy of this data. Use of this data indicates the acceptance of the above disclaimer and conditions. If you do not agree, then do not use the data. Do NOT recreate or redistribute this map, any part of this map or data without written permission from the Stevens County G.I.S. Department.

CERTIFICATION OF USE OF PUBLIC RECOR (Authorized by K.S.A. 45-220)	RDS OBTAINED FROM STEVENS COUNTY
information from Stevens County for the services to any person listed or any person otherwise make available to any person at from the records of or information from S	, do hereby certify that I do not intend to, and resses contained in or derived from public records of or purpose of selling or offering for sale any property or in that resides at any address listed; or (B) sell, give or my list of names or addresses contained in or derived stevens County for the purpose of allowing that person revice to any person listed or to any person who resides to other way Statute K.S.A. 45-220.
SIGNED: X	DATE:
TITLE: (if applicable)	
COMPANY NAME: (if applicable)	
Violation of this certification may result in a Class of the ACKN	C misdemeanor. NOWLEDGEMENT
STATE OF)) ss:
Before me, the undersigned, a Notary Puday ofday ofthe identical person who executed the within and acknowledged to me that he/she executed the same purposes therein set forth.	blic, within and for the County and State aforesaid, on this, 20, personally appeared, to me personally known to be foregoing REQUEST FOR ACCESS TO INFORMATION and e as his/her free and voluntary act and deed for the uses and not set my hand and official seal the day and year last above
(SEAL)	Notary Public My Appointment Expires: