

STEVENS COUNTY GIS
REQUEST FOR ACCESS TO INFORMATION

Requester Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number during business hours _____

ID Checked: _____

Copy of photo ID is required if being done by email or mail.

For Office Use Only (Area between black lines will be completed when the completed request form is returned)

___ Request Granted

___ Request Denied. Reason for denial: _____

Estimated Fees:

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL: _____

Request received on _____, 20__.

Payment received in full \$ _____ on _____, 20__.

Date Completed _____, 20__.

Information request completed by _____.

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

- 1. Review and agree to pay the fees charged**
- 2. Review and abide completely with the Kansas Open Records Act (K.S.A. 45-215 et seq.) and acknowledge that I am aware of and understand K.S.A. 45-230.**

X

(Signature of Requester)

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. 45-220 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 or derived 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 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...”

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}]

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CERTIFICATION OF USE OF PUBLIC RECORDS OBTAINED FROM STEVENS COUNTY
(Authorized by K.S.A. 45-220)

I, _____, do hereby certify that I do not intend to, and will not; (A) use any list of names or addresses contained in or derived from public records of or information from Stevens County for the purpose of selling or offering for sale any property or services to any person listed or any person that 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 of or information from Stevens County 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, or (C) violate in any other way Statute K.S.A. 45-220 or K.S.A. 45-230.

SIGNED: **X** _____ DATE: _____

TITLE: (if applicable) _____

COMPANY NAME: (if applicable) _____

Violation of this certification may result in a Class C misdemeanor.

ACKNOWLEDGEMENT

STATE OF _____)

COUNTY OF _____)

Before me, the undersigned, a Notary Public, within and for the County and State aforesaid, on this _____ day of _____, 20_____, personally appeared, to me personally known to be the identical person who executed the within and foregoing REQUEST FOR ACCESS TO INFORMATION and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Notary Public

My Appointment Expires: _____

(SEAL)