FORM FOR AN OPEN RECORDS REQUEST

Please complete and/or read form items 1 - 11 and return to the Northwest Kansas Groundwater Management District

Information, Records, Data Request  (please print or type)

1. Name:________________________________  2. Business Name: _______________________________

3. Mailing Address:____________________________________________________________________

4:  Phone:  ________________  5. Fax: _______________  6. E-mail: ______________________________

7. Records/Data/Information requested (please be as specific as possible):

8. I understand that if there are monetary charges for the above requested information the district will contact me and discuss these charges before continuing with this request, and that I will have an opportunity to cancel or continue the request at that time.

9. I do hereby certify that I do not intend to and will not use, sell, give or otherwise make available to any other person, any list of names or addresses contained in or derived from the public records provided me per this request for the purpose of selling or offering to sell any property or services to any person listed or to any person who resides at an address listed, or for the purposes of allowing any 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 on the public records provided me, unless specifically authorized by law. I further certify that I am aware K.S.A. 21-3914 makes it a Class “C” misdemeanor to use a list of names derived from public records to sell or offer for sale any property or service to any name or address contained on the list.

10. Signature: _________________________________________  11. Date: ___________________________

Records Custodian Information only:

Date Req Rec’d:        Date Pymt Disc’d:        Date Records Sent:
Date Pymt Req’d:       Amt Pymt Req’d:        Date Pymt Rec’d:

Records Custodian Signature:___________________________________________________________________ Date Signed: __________________________