

NEOSHO COUNTY KANSAS
REQUEST FOR ACCESS TO PUBLIC RECORDS

REQUESTING PARTY'S IDENTIFICATION INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell #: _____ E-mail: _____

NOTICE: K.S.A. 45-230 prohibits using names and addresses derived from public records for certain commercial purposes. This includes using public records to sell property or services. Persons are also prohibited from obtaining public records with the intention of making the records available to a third party for such purposes. Violation of this law is a civil offense punishable by fine. Violations will be referred to the attorney general or to the county attorney for prosecution.

The undersigned hereby requests access to the records described below and certifies that the undersigned has a right of access to the records. The undersigned further certifies that the information obtained from the records will not be used for a prohibited purpose.

Signature: _____ Date: _____

Description of Records Requested: _____

Format of Records:

Photocopies or printouts	\$0.50/page black & white	\$1.00/page color
Fax	\$0.50/page	
USB Thumb Drive	\$10.00 per USB	
E-mail	\$10.00	
Administrative/Research Fee	\$7.00 each 15-minute increment	
Postage	Current postage rate	

ESTIMATED COST: \$ _____

FINAL COST: \$ _____

- Estimates greater than \$20.00 must be paid prior to performance of research
Cash or Check ONLY

of pages: _____
Format Fee: \$ _____
Administrative/Research Fee: \$ _____
Postage: \$ _____

- Submit payment to:
Neosho County Clerk
PO Box 138
Erie KS, 66733

Date Received: _____

Received By: _____

Date Completed: _____

Completed By: _____

Date Picked Up/Sent: _____

Sent By: _____