



Office of Osage County Clerk
717 Topeka Ave/P.O. Box 226, Lyndon, KS 66451
785-828-4812 opt 4 Fax 785-828-4749
Michelle Morris, County Clerk

Open Records Request Form

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Email: _____

Records Requested (be specific please): _____

Format to receive the request Email ☐ Paper ☐

Certificate of Compliance with the K.S.A. 21-3941 & K.S.A. 45-220(c)

I, _____, understand that no person shall receive, for the purposes of selling or offering for sale of any property or service to person(s) listed therein, any list of names or addresses contained in or derived from a public record. I also understand that violation of the statute prohibiting the unlawful use of names derived from a public record is a Class C misdemeanor. In accordance with these provisions, I certify that I do not intend to, and will not, use any listed names or addresses contained in or derived from public records 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; neither will I sell, give, or otherwise make available to any person a 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, except under authority of the limited circumstances provided in K.S.A. 21-3914.

Signature of requestor

Date

Fees must be received before the request is processed.

Paper copies \$0.25 a page

Digital copy emailed \$0. 12 ½ per page

Hourly rate of person required to fill request.