



DICKINSON COUNTY CLERK'S OFFICE

**Jeanne Livingston**

PO Box 248  
Abilene KS 67410

785-263-3774 Phone  
785-263-2045 Fax

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

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 the County Attorney for prosecution.

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

Sign below to request a record under the Open Records Act, K.S.A. 45-215 *et seq.*, and to indicate your understanding of the conditions outlined above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Records Request:

Please provide a SPECIFIC description of the records you want to inspect or copy.

Fees to Access Records:

(Payment required when picking up document)

Set Up Fee: \$ \_\_\_\_\_

CD Fee: \$ \_\_\_\_\_

Labels: \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

Copy Fee: \$ \_\_\_\_\_

Staff Fee: \$ \_\_\_\_\_

Total \$ \_\_\_\_\_ (cash, check, credit card)

Date Request Received: \_\_\_\_\_

Date Request Completed: \_\_\_\_\_

Request Completed By: \_\_\_\_\_

County Clerk's Signature: \_\_\_\_\_