



DICKINSON COUNTY CLERK
JENNIFER GAYTAN
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NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

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 violation of this law is a civil offense punishable by fine. Violations will be referred to the Attorney General or County Attorney for prosecution

The undersign hereby request access to the records described below and certifies has a right to access of 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. 42-215 *et seq* and to indicate your understanding of the conditions outlined above.

Signature

Date

Records request:

PLEASE PROVIDE SPECIFIC DESCRIPTION OF THE RECORDS YOU WANT TO INSPECT OR COPY.

FEE TO ACCESS RECORDS:

(Payment is required when picking up document)

Set up fee	\$ _____
CD fee	\$ _____
Labels	\$ _____
Postage	\$ _____
Copy Fee	\$ _____
Staff Fee	\$ _____
Total	_____

Date request received. _____

Date Completed _____

Request completed by _____

County Clerk's
Signature _____