



524 E Hwy 24 Goodland, KS 67735~ Phone:785-890-3743~ Email:info@gogoodland.org

REQUEST FOR RECORDS FORM

Request for Records

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Business Phone: _____

Description of record(s) requested:

CHARGES: A charge providing access to public records is authorized by state law and has been established by the Sherman County Community Development Corporation. These charges are set at a level to compensate the SCCD for actual costs incurred in honoring your request. A fee of \$35 per hour has been established by the SCCD. Your request may require prepayment of the estimated amount required to complete your request.

In making this records request, I hereby certify that the information I have requested from the Sherman County Community Development Corporation will in no way be used in violation of the terms of the Kansas Open Records Act (KORA) in that the information obtained will NOT be used for any of the following purposes:

1. I will not use any list of names or addresses within or derived from the records to sell or offer for sale any property or service to any person who resides at a listed address.
2. I will not sell or make available to anyone else such a list.
3. I will not use any lists of names and addresses of persons who are applying for licenses, registrations, certificates or permits to practice a profession or vocation for any purpose other than to provide to such applicants educational materials or course information.

I also agree to pay the charges designated for such records. Date ___/___/___

Signature: _____

Individual Requesting Records