

CITY OF KIRWIN

1ST AND MAIN

P.O. BOX 446

KIRWIN, KS 67644

REQUEST FOR PUBLIC RECORDS

NAME OF PERSON MAKING REQUEST: _____

For information regarding: _____

AFFIDAVIT

Having made a written request of access to the City of Kirwin, Kansas, records file, which is public record pursuant to the Kansas Open Records Act, I do hereby certify that I do not intend to and will not:

- Use any list of names or addresses contained in or derived from the record(s) or information 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 listing; or
- Sell give, or otherwise make available to any person any list of names or addresses contained in or derived from the record(s) 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; or
- Intend to use any information derived from the record(s) in any way that may be considered harassment to any person listed or to any person who resides at any address listed

By signing below, I acknowledge that I have been given a brochure stating my right under KORA, and that I agree to pay according to the fee schedule listed on said brochure.

SIGNATURE: _____

ADDRESS: _____

DATE: _____