

Kansas Office of Administrative Hearings

Open Records Request Form

This form is provided for your convenience but is not mandatory. Requests can be made by mail, email, fax, and in person.

*Indicates a required field

Today's Date*

First Name*

Last Name*

Business Entity

Mailing Address*

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone Number*

Fax Number

Email Address

Record(s) Requested (Please be as specific and detailed as possible):*

Please be as specific and detailed as possible. The more details you provide, the better. This will help ensure that we can provide all of the information possible.

I hereby certify that I will not:

- (A) Use any list of names or addresses contained in or derived from the records 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 listed; or
- (B) Sell, give, or otherwise make available to any person any 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. K.S.A. 45-220(c)(2).

By clicking below I agree to these conditions*

I agree

Signature*

Type your name

* Indicates a required field