

****This form is being provided to potential requestors as a helpful guide for composing an effective request for public information. Requestors should not consider this form to be mandatory.***

Date _____

Douglas County District Attorney's Office
Attn: Freedom of Information Officer
111 E. 11th St., Unit 100
Lawrence, KS 66044
damedia@douglascountyks.org



RE: Open Records Request

Dear Freedom of Information Officer:

Under the Kansas Open Records Act (KORA), K.S.A. 45-221 *et seq.*, I request access to or copies of the following records (*please be as specific as possible in describing the records you want and the time period your request covers; attach additional pages if necessary*):

I request the information be provided in the following format if possible (please check one):

- Paper
- Electronic

My contact information is:

Name: _____ Daytime Phone No.: _____

Address: _____
Street Address City State Zip Code

Email Address: _____

I certify that I do not intend to, and 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.

Sincerely,

(Name of Requester)