



Office of the Sheriff

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PURSUANT TO THE KANSAS OPEN RECORDS ACT, I SUBMIT THE FOLLOWING WRITTEN REQUEST:

I REQUEST: ☐ ACCESS TO OR ☐ COPIES OF THE FOLLOWING PUBLIC RECORDS:

BE AS SPECIFIC AND DETAILED AS POSSIBLE

REQUESTOR: NAME/BUSINESS

ADDRESS OF REQUESTOR:

MAILING AND STREET

CITY:

STATE:

ZIP:

TELEPHONE #:

REQUESTOR'S SIGNATURE :

DATE OF REQUEST:

(INFORMATION SHOULD BE RELEASED WITHIN THREE (3) BUSINESS DAYS UNLESS MARKED DELAYED SEE BELOW)

OFFICE USE

FORM OF IDENTIFICATION:

REQUEST: ☐ GRANTED

☐ DENIED

☐ DELAYED

REASON FOR DELAY:

☐ REDACTED

REASON FOR REDACTION:

FEES CHARGED:

APPROVED BY:

DATE: