

**PRAR**

**KANSAS SECRETARY OF STATE  
Paper Records Access Request**

Instructions

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

**Filing fee**

The fees will be determined by the division having access to the requested records. Prior to receiving the requested records you will be informed of the amount due.

**Payment**

Please enclose a check or money order payable to the Secretary of State. Please do not send cash. **NOTICE: There is a \$25 service fee for all checks returned by your financial institution.**

**PRAR****KANSAS SECRETARY OF STATE  
Paper Records Access Request****Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-4801  
 120 S.W. 10th Avenue kora@sos.ks.gov  
 Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

**Contact information**

Name	Address		
City	State	Zip	
Phone Number	Email Address		
Capitol Room #	Capitol Phone Number		

**Legislators Only****RECORDS REQUEST:** Please provide a specific description of the records you want to inspect or copy.
**NOTICE**

**K.S.A. 45-230 prohibits using names and addresses derived from public records for certain commercial purposes. This includes using public records to sell property or services. Persons are also prohibited from obtaining public records with the intention of making the records available to a third party for such purposes. Violation of this law is a civil offense punishable by fine. Violations will be referred to the attorney general or district attorney for prosecution.**

The undersigned hereby requests access to the records described below and certifies that the undersigned has a of access to the records. The undersigned further certifies that the information obtained from the records will not be used for a prohibited purpose.

Sign below to request a record under the Open Records Act, K.S.A. 45-215 *et seq.*, and to indicate your understanding of the conditions outlined above.

Signature of Applicant	Month	Day	Year
X			

**Please return to:** Secretary of State, Attn: Legal Counsel, 120 SW 10th Ave., Topeka, KS 66612-1594

**For more information:** kora@sos.ks.gov, (785) 296-4801

Pre-paid account #	Credit card #	Expiration date (MM/YYYY)

<b>Office Use Only</b>	Date received	Date completed	Completed by
	Total Amount Due	Date Paid	