



Kansas Racing and Gaming Commission

700 SW Harrison, Suite 500
Topeka, Kansas 66603-3754
(785) 296-5800, Fax (785) 296-0900
www.krgc.ks.gov
krgc@krgc.ks.gov

For Office Use Only:	
Date Request Filled:	_____
Method of Transfer:	_____
<input type="checkbox"/> Fax	<input type="checkbox"/> Mail <input type="checkbox"/> Phone
Filled By:	_____
Copy to:	_____
Records File:	_____
Requester:	_____

Open Records Request

Request: I request from the KRGC the following records (please be specific):

Purpose: I request the records for the purpose of:

Method of Receipt: Will pick up. Please contact me at the phone number/email address below when ready.
 Forward records to the address provided.

Contact Information:

Name of Requester (required)	Organization		
Street Address/PO Box	City	State	Zip
Daytime Phone	Email Address		

Per K.S.A. 45-218(f): A public agency may charge and require advance payment of a fee for providing access to or furnishing copies of public records.

Per K.S.A. 45-220(c)(2), the requester (named above) certifies: I, the requester, 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.

Certification: I, being duly sworn, upon oath, make the foregoing request for records.

Signature of Requester

Date

Notarization: Notarization of this request is required before it will be processed.

Before me, _____, a notary public in the state of _____, personally appeared and acknowledged the
Notary Public (printed) *State*

execution of the foregoing instrument as his/her voluntary act and deed. Witness, my hand and notary seal, this _____ day of _____, _____.
Day *Month* *Year*

by _____
Notary Public (Signature)

(SEAL)