



KANSAS OPEN RECORDS ACT REQUEST FORM

NAME: _____

BUSINESS NAME (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PREFERRED METHOD OF RESPONSE: _____

SPECIFIC RECORDS REQUESTED: _____

PURSUANT TO K.S.A. 45-220(c)(1), ALL REQUESTS FOR CASE DOCUMENTS MUST INCLUDE THE REQUESTING PARTY'S RIGHT OF ACCESS TO THE DOCUMENTS AND THE BASIS OF THAT RIGHT. PLEASE DETAIL YOUR RIGHT AND ITS BASIS HERE: _____

SIGNATURE: _____ DATE: _____

Please return form to:
Heather Cessna
Executive Director
Kansas State Board of Indigent Defense Services
700 SW Jackson, Suite 500
Topeka, Kansas 66603
openrecords@sbids.org