FEES FOR REQUEST TO PROVIDE COPIES OF PUBLIC RECORDS

Name_______________________________________________________________________

Mailing Address_____________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Phone Number:________________________________________________________________________

Fax Number:__________________________________________________________________________

Documents Requested (PLEASE BE SPECIFIC):____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Document Charge: $.25 per page (whether emailed, mailed or faxed)        $__________

Unless the documents are too large, the information requested will be emailed.

Please provide e-mail address here:    ____________________________________

NOTE:  ATTORNEY’S FEES, AND STAFF PER HOUR COSTS MAY BE ASSESSED FOR
REQUESTS OF RECORDS, IN ADDITION TO DOCUMENT CHARGES.  CONTACT THE
BOARD OFFICE FOR AN ESTIMATE OF THE COSTS, WHICH MUST BE PAID FOR IN
ADVANCE.

TOTAL ESTIMATED COST OF PRODUCTION:     $__________

FORM OF PAYMENT:  CHECK     □   CREDIT CARD  □

Credit Card (check one):  VISA □  MASTERCARD □  AMERICAN EXPRESS □  DISCOVER □
CREDIT CARD # _______ _______ _______ _______

VERIFICATION CODE: ____________

______________________________________________  EXP. DATE (MO/yr) _________

CARDHOLDER’S SIGNATURE

03/19
Pursuant to the Kansas Open Record Act, I am requesting copies of the following public records that are in the custody of the Kansas Board of Accountancy (Board). Please be specific as to the records you are requesting, and the intended use of such information.

____________________________________________________________________________

____________________________________________________________________________

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Note: A mailing list of licensed certified public accountants and/or certified public accounting firms may only be obtained by an organization of persons who practice that profession or vocation for membership, informational or other purposes related to the practice of the profession or vocation.

Neither you nor any person within your organization intends to, and will not: (A) Use any list of names or addresses contained in or derived from the records of 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; and will not (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.

Signature_____________________________________________

Printed Name__________________________________________

Mailing Address________________________________________

________________________________________

________________________________________

Email Address:________________________________________

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