

MORRIS COUNTY CLERK

501 W Main St, Ste 9
Council Grove, KS 66846

620-767-5518 (PH)

morris@tctelco.net

620-767-6789 (FAX)

TO BE COMPLETED BY REQUESTER

Name: _____

Address: _____ (Street)

_____ (City, State, Zip)

Signature: _____

Printed Name: _____

Copies of Records Sought: Please provide as specific a description as possible of the record(s) for which you wish to have copies. Note: The Morris County Clerk will only consider a request for copies of those records that are filed or available in the Clerk's office.

Record Title/Date

No. of Copies requested

1. _____

2. _____

3. _____

4. _____

TO BE COMPLETED BY RECORDS CUSTODIAN

TIME OF REQUEST: _____
Date

_____; _____ A.M./P.M.
Time

SIGNATURE OF RECORDS CUSTODIAN: _____

(Copy of this request is to be given to Requester)

CERTIFICATION OF REQUESTER

I, _____, having made a written request for access to and/or copies of:

which is/are public record(s) pursuant to the Kansas Open Records Act (KORA), do hereby certify that I do not intend to, and will not:

___ Use any list of names or addresses contained in or derived from the record(s) 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

___ Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the record(s) 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 of Requester

Printed Name of Requester

Street Address

City, State, Zip

Date