

**KANSAS OFFICE OF VETERANS SERVICES
KORA REQUEST FORM**

Date:

Custodian of Records
Kansas Office of Veterans Services
700 SW Jackson Street, Suite 1004
Topeka, Kansas 66603

RE: Open Records Request

Dear Records Custodian:

Under the Kansas Open Records Act (KORA), K.S.A. 45-215 *et seq.*, I request access to or copies of the following records (*please be as specific as possible in describing the records you want and the time period your request covers; attach additional pages if necessary*):

I request the information be provided in the following format if possible (please check one):

Paper

Electronic

My contact information is:

Name: _____ Daytime Phone No.: _____

Address: _____
Street Address City State Zip Code

Email Address: _____

I certify that I 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.

Sincerely,

(Name of Requestor)