Susan L. Somers, Executive Director



Laura Kelly, Governor

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 A MASTERCARD AMERICAN EXPRESS DISCOVER CREDIT CARD #
VERIFICATION CODE:
EXP. DATE (MO/YR)
CARDHOLDER'S SIGNATURE

03/19

KANSAS OPEN RECORDS ACT CERTIFICATION

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.*

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 listed or to any person who resides at any address listed.

Signature	
Printed Name	
Mailing Address_	
-	
- -Email Address	

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