

## DICKINSON COUNTY CLERK JEANNE LIVINGSTON PO Box 248 Abilene KS 67410 Phone 785-263-3774 Fax 785-263-2045

NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL:				
FAX:		_PHONE #		
NOTICE:				
•	• *	•		s includes using public records to sell ds available to a third party for such
violation of this law is a civil	offense punishable by fine. Vi	iolations will be referred to the	Attorney General or County	Attorney for persecution
The undersign hereby reques	t access to the records describe	ed below and certifies has a rig	ght to access of records.	
The undersigned further cer	ifies that the information obta	ained from the records will not	t be used for a prohibited purp	pose
Sign below to request a recor conditions outlined above.	l under the Open Records Act	t K.S.A. 42-215 <i>et seq</i> and to in	ndicate your understanding of	the
Signature			Date	-
Records request:				
PLEASE PROVIDE SPECIFIC DESC	CRIPTION OF THE RECORDS YOU V	VANT TO INSPECT OR COPY.		
			*	
FEE TO ACCESS RECORDS:	IND Name of the Control of the Contr			
(Payment is required when picking up	document)			
Set up fee	\$	-		
CD fee Labels	\$	_		
Postage	\$	ma .		
Copy Fee	\$	-		
Staff Fee	\$	_		
Total				
Date request received.		_ Date Comple	rted	
Request completed by		County Clerk	r'e	

Signature