



Miami County, Kansas
Code Services Department
Building Inspection • Environmental Health
Code Enforcement • Sewer District Operations
201 S Pearl Street • Paola, Kansas 66071-1777
Phone: 913-294-4145 • Fax: 913-294-9545
www.miamicountyks.org

REQUEST FOR COPIES OF PUBLIC RECORDS

Name: _____

Number & Street: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Date: _____ Time: _____

PLEASE PROVIDE SPECIFIC DESCRIPTION OF PUBLIC RECORDS YOU REQUEST COPIES OF.

Property address of records requested: _____

Parcel Number (if known): _____

Section _____ Township _____ Range _____

Signature: _____

OFFICE USE

Date/Time: _____

Charge for time: _____

Copies: ____ @ .50 _____

Total: _____

If requested records not provided, state why: _____

Signature of Records Custodian: _____

REQUEST FOR RECORDS
COPY OF NAMES AND/OR ADDRESSES

Name: _____

Address: _____

City, State, Zip: _____

TYPE OF RECORDS BEING REQUESTED: _____

CERTIFICATE OF COMPLIANCE WITH
K.S.A. 1997 SUPP. 21-3914

I, _____, understand that no person shall receive, for the purpose of selling or offering for sale any property or service to any person listed therein, any list of names or addresses contained in or derived from a public record.

I also understand that violation of the statute prohibiting the unlawful use of names derived from a public record is a Class C misdemeanor.

In accordance with these provisions, I certify that I do not intend to, and will not, use any list of names or addresses contained in or derived from the record 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; neither will I 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, except under authority of the limited circumstances provided in K.S.A. 1997 SUPP. 21-3914 and amendments thereto.

Print Name

Signature

State of Kansas
County of Miami

Signed or attested before me on this _____ day of _____, 20_____

By _____

Notary

My Commission Expires