FOR OFFICE USE ONLY:
RECEIVED BY: _____ DATE: _____

REQUEST FOR REMOVAL OF NAME AND HOME ADDRESS/HOME OWNERSHIP FROM PUBLIC ACCESS
PURSUANT TO K.S.A. 2012 Supp. 45-221 (a)(51) and (52)

NAME: _____
(Please Print Legibly)

POSITION: _____ JURISDICTION: _____

I request the removal from public access of records of this agency which identify my home address or home ownership. (If I own multiple properties, I will disclose those on a separate sheet of paper attached)

I acknowledge and understand that if my home address or home ownership changes after the date of this request, it is my responsibility to resubmit this request in writing to the custodian of such public records. I understand I surrender access to view or pay taxes for my property info online. This request expires in 5 years.

I certify that I am a:

- (●) Law Enforcement Officer as defined by K.S.A. 2011 Supp. 21-5111, and amendments thereto
- ( ) Parole Officer
- ( ) Probation Officer
- ( ) Court Services Officer
- ( ) Community Correctional Services Officer
- ( ) Federal Judge
- ( ) Justice of the Supreme Court
- ( ) Judge of the Court of Appeals
- ( ) District Court Judge
- ( ) District Magistrate Judge
- ( ) U.S. Attorney or Assistant U.S. Attorney for the district of Kansas
- ( ) Attorney General or Assistant Attorney General for Kansas
- ( ) District Attorney or Assistant District Attorney
- ( ) County Attorney or Assistant County Attorney

_____
SIGNATURE OF REQUESTOR DATE

_____
HOME ADDRESS/CITY/ZIP

_____
EMAIL ADDRESS

_____
PHONE NUMBER

FOR OFFICE USE ONLY
PINs changed

_____

_____

_____

_____

Record updated: _____
Initials: _____