



Kiowa County Memorial Hospital
Request for Records under the Kansas Open Records Act
K.S.A. 45-215 et. seq.

All requests for records under the Kansas Open Records Act (KORA) must be submitted in writing. Use of this form will assist our staff in locating the records you are requesting

Name _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail Address _____

Best way to contact you: Email Phone Postal Address

Best way to receive documents: Email Postal Address

Please provide information to help us determine which records you are requesting. A broad request may result in a large number of documents and an increased cost to you.

Description of records you are requesting:

Please refer to Kiowa County Memorial Hospital’s website for information about what records are available, and costs associated with records requests.

I hereby certify that I 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 or derived from the records or information for the purpose of allowing that person to sell or offer sale any property or service to any person listed or to any person who resides at any address listed K.S.A. 45-220(c)(2).

Signature _____ Date _____

Please return form to: ATTENTION: KORA Request
Administrator’s Office
Morgan Allison
721 W. Kansas
Greensburg, KS 67054