

**THE KANSAS BOARD OF VETERINARY EXAMINERS
P.O. BOX 242
1003 LINCOLN STREET
WAMEGO, KANSAS 66547-0242
Phone: 785.456.8781
Fax: 785.456.8782**

Specific Public Use Data Request Form

Name: _____

Organization: _____

Address: _____
City/State/Zip

Phone Number: (____) _____ Fax Number: (____) _____

1. What type of data would you like to obtain? _____

2. Brief description of the level of detail of data requested. _____

3. Hard copies are provided at \$.25 each page. Payment is due in advance.

Payment will be made by ____ Check; ____ Money Order.

4. If data is provided by mail, postage will be pre-paid by ____ Check; ____ Money Order.

I do not intend to and will not use any list of names or addresses derived from the Board's records to sell or offer to sell any property or services to any person listed or to any person who resides at the address listed. Moreover, I do not intend to sell, give or otherwise make available to any person any list of names or addresses contained in or derived from Board records for the purpose of allowing such person to sell or offer to sell any property or service to any person listed or to any person who resides at any address listed. I understand that if I do so, I shall be liable for payment of a civil penalty not to exceed \$500 for each violation in an action brought by the Kansas Attorney General or a county/district attorney pursuant to K.S.A. 45-230

Signature Title Date