

Kansas Department of Revenue  
**Request for Copies of Reports and/or Bond**  
www.ksrevenue.gov

**Requester Information:**

Requester's Name \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Dealership Information:**

Dealership Name: \_\_\_\_\_ Dealer Number: \_\_\_\_\_

Dealership Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

| <b><u>Record(s) you are requesting:</u></b> |  |  | <b>Fee</b>                 |
|---|--|--|----------------------------|
| <input type="checkbox"/>                    | Dealer Monthly Sales Report(s) From: _____ To: _____                   |  | \$6.00 (per report)        |
| <input type="checkbox"/>                    | Auction Monthly Sales Report(s) From: _____ To: _____                  |  | \$25.00 (per report)       |
| <input type="checkbox"/>                    | Dealer Bond Effective as of (date): _____                              |  | \$6.00 (per bond)          |
|   |  |  | Total Amount Due: \$ _____ |
| <input type="checkbox"/>                    | Other (Provide description and see instructions for additional costs): |  |                            |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I declare that I am eligible and have the expressed authority to sign for and receive the requested information pursuant to the Kansas Open Records Act. I further declare that any personal information I receive will not be used to sell or offer for sale any property or service.*

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions

- Provide a completed copy of this form for each request.
- The department will provide records upon a direct match. If you have not provided enough information to establish a direct match, the department will contact you requesting additional information.
- You must have the right of access to order these forms. You may not use any list of names or addresses from the records to sale any property or service to any person who resides at any address listed.
- Make check or money order payable to the Kansas Department of Revenue and submit the fee along with this form to:

Kansas Department of Revenue  
Dealer Licensing  
P O Box 2369  
Topeka KS 66601-2369

- No refunds will be issued for requests made in error or request for records not on file.
- If you are making a request under "Other", the following fees may apply and our office will notify you of any additional costs. Please email your request to [Dealers.Licensing@kdor.ks.gov](mailto:Dealers.Licensing@kdor.ks.gov).

|                                     |                      |
|-------------------------------------|----------------------|
| Copies (per page)                   | \$.25                |
| Mail charge                         | Current postage rate |
| Faxed copy                          | \$.25                |
| Search charge (staff time per hour) | \$25.00              |
| Computer time (staff time per hour) | \$60.00              |