

State Appraised Motor Carriers
Request for Copies or Access (Please print or type)

I. Taxpayer Information:

Name (Taxpayer or Corporate Name)	DOR No.
DBA Name	Pin No.
Address	Email Address
City, State and Zip Code	Daytime Phone Number (Optional)

II. Delivery Preference:

(Check one) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	Fax Number
Mailing information: (Complete if different from address above.)	

Name	City, State and Zip Code
Address	City, State and Zip Code

III. Records being requested: (There is a \$10.00 fee for each year requested.)

	(YEAR)	(YEAR)	(YEAR)	(YEAR)	(FEE)
1. <input type="checkbox"/> Kansas Motor Carrier Property Tax Rendition & Equipment Schedules	_____	_____	_____	_____	\$10.00

\$ 10.00	X	_____	=	_____
Total:				_____

IV. Signature – Before signing this document, read this section carefully.

I, request the Director of Property Valuation furnish me with a copy of items checked. Under the penalties of perjury, I declare that the information I have furnished above, to the best of my knowledge, is true, correct, and complete. I further declare that I am the taxpayer, officer for the taxpayer, or authorized tax preparer and have authorization to receive this information.

Printed Name and Title	Name of Your Business/Organization
Signature	Date

Instructions:

1. Complete this form, including signature and date. (You may make copies of this form.)
2. 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.
3. Submit the fee by check or money order along with this form to:

Kansas Department of Revenue
Property Valuation Room 400 North
915 SW Harrison Street
Topeka, KS 66625-3570

4. Make check or money order payable to the "Kansas Department of Revenue". No refunds will be issued for requests made in error, or requests for records not on file.