

DIVISION OF PROPERTY VALUATION  
300 SW 29<sup>th</sup> STREET  
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TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE  
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GOVERNOR JEFF COLYER, M.D.  
SAMUEL M. WILLIAMS, SECRETARY

## Event Speaker, Training and Special Assistance Request Form

### 1. Requester Information (to be included on all request forms)

Organization \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

### 2. Event Speaker Request

Name/Title of Event \_\_\_\_\_

Date and Time of Event \_\_\_\_\_ Desired Length of Presentation \_\_\_\_\_

Location of Event \_\_\_\_\_

Requested Speaker (if interested in a particular PVD staff to present) \_\_\_\_\_

Topic Description \_\_\_\_\_

\_\_\_\_\_

### 3. Special Assistance or Training Request

Description of Request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Needed Assistance (e.g., staffing issues, special use property,  
additional/specialized staff training needed, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Date/Date Range Requested \_\_\_\_\_

Location of Assistance/Training \_\_\_\_\_

Specific PVD Staff Requested \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Email completed request form to**

**[pvd@kdor.ks.gov](mailto:pvd@kdor.ks.gov)**

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**FOR PVD USE ONLY**

Receipt Date: \_\_\_\_\_ Response Date: \_\_\_\_\_ Accepted:    Yes    No

Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Preliminary Scope of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Summary of Task Completion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date(s) of Actual Presentation/Assistance: \_\_\_\_\_

Total Time (including prep, travel, etc.): \_\_\_\_\_

Total PVD Expense (mileage, lodging, per diem): \_\_\_\_\_

Amount Billed to Requestor: \_\_\_\_\_