

REPORT OF ALLEGED VIOLATION OF THE KANSAS AMUSEMENT RIDE ACT

K-ISH 605 (11-19)

INSTRUCTIONS:

To report an alleged violation of the Kansas Amusement Ride Act, please complete the following information. Your identity will remain anonymous when reporting this violation. This form may be returned by fax, mail or email.

Citizen Information (Reporting Party):

Name: _____

Street, city, state, ZIP code: _____

Daytime phone: _____ Alternate phone: _____

Email address: _____

Identifying Information of Alleged Violator:

Individual/Entity Name: _____

Street, city, state, ZIP: _____

Phone: _____ Alternate phone: _____

Date of Occurrence: _____ Location: _____

Summary of Alleged Violation (describe in detail). You may attach photos, other supporting documents or additional pages.

CERTIFICATION STATEMENT: I do hereby affirm under penalties of perjury that the stated information is true and correct to the best of my knowledge, information and belief. If submitted electronically, this form will be considered signed.

Signature of Reporting Party: _____ Date: _____