

## **REQUEST FOR OPEN PUBLIC RECORDS**

RECORD REQUEST INFORMATION (To be completed by Requestor – Please Print)					
Full Name:	ne: Phone:				
Address:					_
(Street)	(City)	(Sta	ate)	(Zip)	
Record Requested (please be specific):					
Request Type (please circle)					
	□ Duali	cation			
☐ Inspection Only	☐ Duplication  will be provided within three (3) full business days from the date of request)				
I hereby declare that I do not intend to, and		ness days from the	e date of reque	SI)	
or offering for sale any prope (b) Sell, give or otherwise make	erty or service to any pers available to any person a se purpose of allowing tha	son listed or to a ny list of names	nny person wh or addresses	rmation for the purpose of sell to resides at any address listed contained in or derived from the ale any property or service to a	; or he
Requestor Signature	 Date		_		
RECORD FEES (To be completed by	Record Custodian)				
The Kansas Open Records Act authorized p providing access to or furnishing copies of		reasonable fees	(which may b	e requested in advance) for	
Records Fees: Staff Research Fee -per hour per employee Minimum Fee: Copy Costs, per page: Outside reproduction of records: Minimum fee estimate for which prepayme		e: \$25.00 \$25.00 \$ .25 Actual cost \$50.00	(10 minute	es or less, free)	
Duplication: Total Pages Other (may include postage, data processing)		= \$ = \$ DUE = \$			
YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT					
RESULT OF RECORD REQUEST (To be comp	leted by Record Custodia	an)			
Was the Request Fulfilled?: YES / NO If "NO", reason for not providing request (			If <b>"YES"</b> , the o	date provided:	
Request not in record formRecord is closed per K.S.A. 45-221Other (please specify)	Record does not ex Record restricted by			not specific enough r Kansas Supreme Court decisio	on
	Signature		Da	ite	-