



**RECORD REQUEST INFORMATION (To be completed by Requestor – Please Print)**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Record Requested (please be specific): \_\_\_\_\_

**Request Type (please check one)**

Inspection Onsite Only (review originals/videos, no duplication required)  Duplication

(Most records will be provided within three (3) full business days from the date of received request or a notification will be sent with an approximate timeline of the completion of the duplication of the records (Video reproduction is subject to staff shift schedule availability))

I hereby declare that I do not intend to, and will not:

- (a) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or
- (b) Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person who resides at any address listed.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

**DUPLICATION RECORD FEES (To be completed by Record Custodian)**

The Kansas Open Records Act authorized public agencies to charge reasonable fees (which may be requested in advance) for providing access to or furnishing copies of public records.

Staff Research Fee subject to minimum fee (per hour per employee): \$25.00 (10 minutes or less, free) = \$ \_\_\_\_\_

Outside reproduction of records: Actual cost = \$ \_\_\_\_\_

**Duplication Type**

<input type="checkbox"/> Paper Copy	_____ Total Pages	x \$0.25 per Page	\$ _____
<input type="checkbox"/> Electronic	<input type="checkbox"/> Secure Email Reports Only (20 MB or Less of Data ONLY)	\$25.00	\$ _____
	<input type="checkbox"/> Cloud Delivery Videos (30 days of access to download to PC)	\$25.00	\$ _____
	<input type="checkbox"/> CD / DVD (2 included /14 GB) additional \$2.00 each	\$25.00	\$ _____
	<input type="checkbox"/> USB Drive (required for 14 GB or More of data)	\$45.00	\$ _____

Postage (if applicable) Minimum \$4.00 \$ \_\_\_\_\_

Other (data processing, etc.) at actual cost \$ \_\_\_\_\_

**TOTAL FEE DUE \$ \_\_\_\_\_**

**YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT**

**RESULT OF RECORD REQUEST (To be completed by Record Custodian)**

Was the Request Fulfilled? (please circle): **YES / NO** If "YES", the date provided: \_\_\_\_\_

If "NO", reason for not providing request (please check):

- \_\_\_ Request not in record form
- \_\_\_ Record does not exist
- \_\_\_ Request not specific enough
- \_\_\_ Record is closed per K.S.A. 45-221
- \_\_\_ Record restricted by Federal law, State statute, or Kansas Supreme Court decision
- \_\_\_ Other (please specify)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date