



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

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

Email: \_\_\_\_\_

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

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

**Request Type (please circle)**

Inspection Only

Duplication

Electronic delivery/email

(Most records will be provided within three (3) full business days from the date of request)

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

**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.

**Records Fees:**

Staff Research Fee: per hour per employee based on the hourly rate of the staff member(s) completing the request  
 Minimum Fee: \$17.72 (10 minutes or less, free)  
 Copy Costs, per page: \$.06 black/white, \$.12 color  
 Outside reproduction of records: Actual cost  
 Minimum fee estimate for which prepayment is required \$50.00

Duplication:     Total Pages X \$.06 B/W \$.12 color     = \$ \_\_\_\_\_  
 Other (may include postage, 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?: YES  / NO  If "YES", the date provided: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date