## **Request for Open Public Records**



## **Contact Information:**

Name of Requester (required):	Organization:	Organization:		
Street Address/PO Box:	City:	State:	Zip:	
Daytime Phone: Email Address:				
(Response will be provided within three (3) full business days from the date of request)				
RECORD FEES (To be completed by Record Custodian)				
The Kansas Open Records Act authorized public agencies to a advance) for providing access to or furnishing copies of public		s (which may b	pe requested in	
Retrieval Time: Hours Minutes X \$5.00 Duplication: Pages X \$0.15 per page Other (may include postage, data processing, etc.) at actual co (It is SAA's policy not to charge for retrieval time of less than YOUR COPY OF THIS FORM SHALL	ost: TOTAL FEE I n 5 minutes or duplica L SERVE AS YOU	= \$ = \$ <b>DUE</b> = \$ tion of less tha	in 10 pages)	
<b>RESULT OF RECORD REQUEST (To be completed by I</b> Was the Request Fulfilled? (please circle): <b>YES / NO</b> If " <b>NO</b> ", reason for not providing request (please check):	Record Custodian) If "YES", date pro-	vided:		
Other (please specify) Record rest	s not exist losed per K.S.A 45-22 cricted by Federal law- ne Court decision		or Kansas	
Signature		Date		
Method of Receipt:  I will pick up. Please contact ready.  Forward records to the address.  Forward records to the email a	s provided. address provided.		ss listed above when	
<b>Purpose:</b> I request the records for the purpose of:				
I hereby declare that I do not intend to and will not:				
<ul> <li>a) Use any list of names or addresses contained in or derived selling or offering for sale any property or service to an listed; or</li> <li>b) Sell, give or otherwise make available to any person are the records or information for the purpose of allowing to any person who resides at any address listed.</li> </ul>	ny person listed or to a ny list of names or add	any person who	o resides at any address ed in or derived from	
Signature	 Date			