

REQUEST FOR RECORD INSPECTION OR FOR A COPY

(The section below is to be completed by person making the request)

Date: _____

Name: _____

Address: _____

Daytime Phone: _____

Fax: _____

I certify that I do not intend to, and will not: (1) Use any list of names or addresses contained in or derived from the records or information requested 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 (2) 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 listed or to any person who resides at any address listed. See K.S.A. 45-230.

Signature: _____

RECORD SOUGHT: Please provide as specific a description as possible of the records you desire to inspect or for which you request a copy. Include records titles and dates as well as the name of the court which holds the record.

<u>Description of Record</u>	<u># of copies desired</u>
1. _____	
2. _____	
3. _____	

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the Kansas Supreme Court. Charges are set to compensate for the actual costs in honoring your request. The fee schedule established for this Judicial District is posted in the office of the Clerk of the District Court. The charge for access to and/or copies of the record(s) you have requested is estimated to be \$ _____.

Prepayment of the above amount may be required.

(The section below is to be completed by the Record Custodian)

Time of request: _____
(Date) (Time) (Person receiving request)

Records Provided or Denied: _____
(Date) (Time) (Person providing record or denial)

Staff time involved: ___ hours, ___ minutes, for a charge of \$ _____.

Charge for copies made: \$ _____

Total Charges: \$ _____

Estimated payment received \$ _____

Amount remaining due \$ _____

(or)

Amount refunded \$ _____

Record Custodian

RECORD REQUEST OR COPY DELAY NOTICE

TO:

Name: _____

Address: _____

Daytime Phone: _____

Fax: _____

Your request dated _____, 20____, for inspection or copies of the following records has been delayed:

1. _____

2. _____

3. _____

(Title or description of record)

The reason for the delay is:

_____ Additional information is required to identify the record you have requested. Please provide more detailed information here: _____

_____ Our search for the record is continuing and you will be contacted when it is located.

_____ The record requested has been checked out from this office. It is scheduled to be returned and will be made available to you on or before _____, 20____, at _____ o'clock.

_____ This office is attempting to establish whether the record requested is an open public record.

Record Custodian

Date Time

RECORD REQUEST OR COPY DENIAL NOTICE

TO:

Name: _____

Address: _____

Daytime Phone: _____

Fax: _____

Your request dated _____, 20____, for inspection or copies of the following records has been denied:

1. _____

2. _____

3. _____

(Title or description of record)

The reason for the denial is:

_____ The record requested is not made, maintained, kept by, or in the possession of this office.

_____ The record requested is not required to be disclosed under the Kansas Open Records Act, pursuant to _____ (cite section of Act).

_____ Access to the record requested is restricted under federal or state law, pursuant to _____ (cite law relied upon).

It is your right to challenge this denial, if you so choose, by means of a legal action.

Record Custodian

Date

Time