



K A N S A S

RODERICK L. BREMBY, SECRETARY

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DEPARTMENT OF HEALTH AND ENVIRONMENT

REQUEST FOR RECORDS

Name:

Address:

Phone:

Fax:

Email:

RECORDS REQUESTED (attach additional pages if necessary)

Facility Name:

Address or legal location:

Source ID Number:

Type of document:

Dates:

I would like to: Inspect files Pick up files Preferred date and time:
 Have copies mailed to the address above
 E-mail files to above address

FEES: A fee of .25 cents per page will be assessed for copies of records provided pursuant to this request. Please note, if your request requires the agency to conduct a search of its files, the agency may also assess a fee for staff time necessary to make the records available.

PROHIBITED USES: KSA 45-230 prohibits the use of names or addresses contained in public records for certain commercial purposes. If the records you have requested contain lists of names and addresses, you will be requested to sign a written certification that you will not use the information in the records for any purpose prohibited by law.

OPTIONAL AUTHORIZATION:

In order to expedite your request, you may wish to complete the following authorization:

I authorize the Kansas Department of Health and Environment to fulfill the above request and bill me of any fees for filling this request, provided the total fee amount does not exceed _____.

Signature: _____