



Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

**BUREAU OF ENVIRONMENTAL REMEDIATION
KANSAS OPEN RECORDS ACT (KORA)
REQUEST FOR RECORDS**

KDHE USE only:
BER KORA Request #

Name and Company of Requester: _____

Street Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

E-Mail: _____

DESCRIPTION OF RECORDS REQUESTED: In the space below, please provide a specific description of the records you would like to inspect or have scanned for you. If possible, include the type of record, site identification numbers, title of document, dates, permit numbers, name of facility, and address or legal description of the facility location.

- I want to inspect these records on (please list preferred date and time): _____
- I want to pick up an electronic copy of these records on (please specify date and time): _____
- I want to have electronic copies of these records mailed to me on a compact disk (CD).
- If the records can be scanned into a Portable Document Format (PDF), I want copies of these records via email.

FEES: Please note the agency assesses fees for staff time and materials necessary to provide the records, and may also require advance payment. Large scanning jobs may be sent to a commercial copy center at your expense.

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

OPTIONAL AUTHORIZATION:

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

Signature