



**BUREAU OF ENVIRONMENTAL REMEDIATION
REQUEST FOR RECORDS**

Name and Company of Requester: _____

Street Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

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, 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).

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

**BUREAU OF ENVIRONMENTAL REMEDIATION
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 410, TOPEKA, KS 66612-1367**

Assessment & Restoration Phone: 785-291-3121 Fax: 785-296-4823 Email: RAvila@kdheks.gov
Remediation Phone: 785-296-1673 Fax: 785-296-7030 Email: MMorgan@kdheks.gov
Storage Tank Phone: 785-296-1674 Fax: 785-296-6190 Email: RBoeken@kdheks.gov