



Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

Company or Individual Name: _____

Address: _____
Street City State Zip Code

Phone: _____ (work) _____ (home)

DESCRIPTION OF RECORDS REQUESTED: Please provide a description of the records you would like to inspect or copy. Please be as specific as possible and indicate the type of record you are seeking, the title or name of the document, dates, document numbers, facility, or location of the subject property, if applicable. This will help speed up the search and reduce the costs of the request.

If your request concerns an environmental request, please submit the latitude/longitude information and a precise address and zip code for site you are interested in. The Facility Profiler that KDHE uses does not process requests with vague descriptions. The more specific you are the more quickly and accurately we can respond to your request.

FEES: The fee for copies of records provided is \$0.25 per page. If the record requested is oversized (larger than 8.5" x 14"), the fee is \$0.50 per page or the actual cost of reproduction if the record can only be reproduced by a commercial entity. There will also be a fee associated with the staff time required to respond to, and produce the records requested. **The Kansas Department of Health and Environment may require advanced payment for these services.**

PROHIBITED USES: K.S.A. 45-230 prohibits the use of the information obtained by the Kansas Open Records Act for commercial purposes. You may be required to sign a written affidavit that you will not use the information obtained for any purpose prohibited by law.

I hereby authorize the Kansas Department of Health and Environment to complete the above referenced records request and bill me for the completing this request, provided the total fee does not exceed \$_____.

Signature

Date

Send this form to KDHE in one of the ways listed below.

Mail: KDHE, Bureau of Waste Management, ATTN: KORA, 1000 SW Jackson, Suite 320, Topeka, KS 66612

Fax: 785-296-8909 ATTN: KORA

Email: bwmkora@kdheks.gov