ESTD 1855

GEARY COUNTY
KANSAS

KANSAS OPEN RECORDS ACT REQUEST FORM

Requestor Information:

Name: _____

_____

Company: _____

Address: _____ _____ _____ _____
Street City State Zip Code

Phone: 1: _____ 2: _____ 3: _____

E-mail: _____

Records Requested: ____ Inspect on Site _____ ____ Copy and Send
Date

Please provide a description of the records you would like to inspect or copy. 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. You may use an attached sheet.

If your request concerns an environmental site, please submit the precise location with the address and zip code, and, if possible, the geospatial coordinates for the site. The more specific you are the more quickly and accurately we can respond to your request. Please submit a separate request for each site.

Fees: There may be a fee associated with the staff time required to respond to and produce the records requested. The charge for copies of records is $0.25 per page. If the record requested is oversized (larger than 8.5" x 14"), the charge is $0.50 per page. If the record can only be reproduced by a commercial copier the charge will be the actual cost of reproduction. Geary County may require advanced payment for these services.

I authorize Geary County to complete the above referenced records request and bill me for completing this request, provided the total fee does not exceed $_____.

Prohibited Uses: K.S.A. 45-230 prohibits the use of the information obtained by the Kansas Open Records Act for commercial purposes. An affidavit attesting that the information obtained will not be used for any purpose prohibited by law may be required.

Signature: _____ Date: _____