



Laura Howard, Secretary

Laura Kelly, Governor

OPEN RECORDS REQUEST --- K.S.A. 45-215 through 45-223

Name of Requestor: _____

Mailing Address: _____ City, State, Zip code: _____

Phone: _____ Email Address: _____

DESCRIPTION OF RECORDS REQUESTED: Please provide a description of the records you are requesting. Be as specific as possible and indicate the type of record you are seeking, the title or name of the document, facility, date or range of dates, if applicable. This will help speed up the search and reduce the costs of the request.

RESPONSE TIME: The agency will acknowledge receipt of the request no later than the third business day following the receipt of the request. Upon review of the request, the requestor will be notified of a timeline for producing the records and any related fees. Requests for records not yet in existence or documents to be created prospectively cannot be honored.

FEE SCHEDULE:

Copies	\$0.25 per page
Fax	\$1 per page
Cost Report	\$50 per download file

The agency will provide an estimate of the fees which shall be paid prior to producing the records. Records will not be released until payment is received. If the final cost is lower than the estimate, the requestor will be reimbursed for the difference.

STAFF TIME:

Fees will be assessed at the rate of pay for each person(s) whose time is required to meet the record request. This may include time spent to access and review records to determine whether the request complies with the Kansas Open Records Act.

Record custodian, clerical, administrative	\$20 per hour charged in quarter hour increments
Supervisors/program directors	\$25 per hour charged in quarter hour increments
Information Technology (IT)	\$38 per hour charged in quarter hour increments
Additional fees	Any other actual costs incurred by the Kansas Department for Aging and Disability Services

PROHIBITED USE: 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.

Signature

Date