

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT (KDHE)
REQUEST FOR RECORDS – KANSAS OPEN RECORDS ACT**



Requester Information:

Name and Company: _____

Street Address: _____

City/State/Zip Code: _____

Contact: _____
 Phone Number Fax Number Email Address

Description of Records Requested: Please provide a description of the records you would like to inspect or have copied/scanned for you. Please 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. Specificity in a request will assist in speeding up the search for the documents and potentially reduce the fees associated with processing the request. You may use an additional page if needed.

Applicable Division or Program: Please check the appropriate Division or Program that this request should be routed to. You may check more than one box. If you are uncertain which Division or Program is most appropriate, you may leave it blank.

- Environment** (includes the following five bureaus: 1) Bureau of Waste Management, 2) Bureau of Water, 3) Bureau of Air, 4) Bureau of Environmental Remediation; 5) Bureau of Environmental Field Services
- Public Health**
- Health Care Finance**
- Office of the Secretary**

Desired File Format:

- Inspect Records at KDHE (list preferred date/time; 3 day notice preferred): _____
- Scan of Records: *Electronic Copy (typically in tiff or pdf format).*
Choose delivery method: CD/DVD via mail Email (if <20 MB) OneDrive (if available)
- Paper Copy:
Choose one option: Black & White Color (if available)

Fees: Please note KDHE assesses fees for staff time, copies, shipping, and materials necessary to provide the records. A quote to fulfill this request may be requested prior to authorization. KDHE 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. An affidavit attesting that the information obtained will not be used for any purpose prohibited by law may be required.

I hereby agree to comply with the requirements of K.S.A. 45-230 and authorize the Kansas Department of Health and Environment to fulfill the above request and bill me for any fees, provided the fee amount does not exceed \$ _____.

Signature

Date