

Dodge City Unified School District 443
Open Records Access Request

Name _____ Address _____
City _____ State _____ Zip _____
E-Mail _____ Fax # _____ Phone # _____

Notice

K.S.A. 45-230 prohibits using names and addresses derived from public records for certain commercial purposes. This includes using public records to sell property or services. Persons are also prohibited from obtaining public records with the intention of making the records available to a third party for such purposes. Violation of this law is a civil offense punishable by fine. Violations will be referred to the Attorney General or the County Attorney for prosecution.

The undersigned hereby requests access to the records described below and certifies that the undersigned has a right to access of the records. The undersigned further certifies that the information obtained from the records will not be used for a prohibited purpose.

Sign below to request a record under the Open Records Act, K.S.A. 45-215 *et seq.*, and to indicate your understanding of the conditions outlined above.

Signature Date

Records Request:

Please provide a SPECIFIC description of the records you want to inspect or copy. _____

How do you wish to receive this information? (Mark one) US Mail Fax E-mail Pick Up Other _____

Estimated Completion Date: _____

REQUEST FOR RECORDS DENIED. Reason for denial: _____

_____ Denied by: _____

Fees to Access Records (Payment may be required prior to receiving the requested records)

Materials: \$ _____ Labor: \$ _____ Postage: \$ _____ Other: \$ _____ **TOTAL: \$ _____**
Cost Calculated by: _____ (initials) Payment Received: \$ _____ (Cash Check Date: _____)
Date Request Received: _____ Request Completed By: _____ (Clerk's initials) Date Completed: _____

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