

BIG BEND GROUNDWATER MANAGEMENT DISTRICT NO. 5

125 S. Main St., Stafford, Kansas 67578
PH: 620-234-5352 FAX: 620-234-5718
E-mail: gmd5@gmd5.org

REQUEST FOR RECORD INSPECTION OR FOR A COPY

KANSAS OPEN RECORDS ACT - K.S.A. 45-201 et seq.

(The section below is to be completed by the person making the request) Date: _____

Name: _____ Daytime Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ Email: _____

I certify that I do not intend to, and will not: (1) Use any list of names or addresses contained in or derived from the records or information requested for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (2) sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed. See K.S.A. 21-3914.

Signature: **X** _____

RECORD SOUGHT: Please provide as specific a description as possible of the records you desire to inspect or for which you request a copy. Include records titles and dates as well as the name of the court which holds the record.

Description of Record & Number of Copies Desired:

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the Kansas Supreme Court. Charges are set to compensate for the actual costs in honoring your request. The fee schedule established for this Judicial District is posted in the office of the Clerk of the District Court. The charge for access to and/or copies of the record(s) you have requested is estimated to be \$ _____

Prepayment of the above amount may be required.

(The section below is to be completed by the Record Custodian: Big Bend GMD #5)

Time of request: _____
(Date) (Time) (Person receiving request)

Records Provided or Denied: _____
(circle one) (Date) (Time) (Person providing record or denial)

Staff time involved: _____ hours, _____ minutes, for a charge of \$ _____

If records will be delayed, state reason for delay and date records will be provided:

Charge for copies made: \$ _____ **X** _____
Total Charges Due: \$ _____ *(Signature of Record Custodian)*