

**DODGE CITY COMMUNITY COLLEGE
OPEN RECORDS ACCESS REQUEST**

Email completed form to RAllen@dc3.edu

Name _____ Company _____
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. Violations 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 records you want to inspect or copy.

How do you wish to obtain information? (circle one) US Mail Fax E-mail Pick Up

REQUEST FOR RECORDS DENIED. REASON FOR DENIAL:

Fees to Access Records:

(Payment required prior to receiving the requested records.)

Materials: \$ _____
Labor: \$ _____
Postage: \$ _____
Other: \$ _____
TOTAL: \$ _____

Cost Calculated by: _____
(Clerk's initials)

Payment Received in full: \$ _____ (Cash Check) Date Paid _____
Date Request Received: _____ Request Completed By: _____ Date Completed _____
(Clerk's initials)