DODGE CITY COMMUNITY COLLEGE
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. 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.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>$__________</td>
</tr>
<tr>
<td>Labor</td>
<td>$__________</td>
</tr>
<tr>
<td>Postage</td>
<td>$__________</td>
</tr>
<tr>
<td>Other</td>
<td>$__________</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$__________</td>
</tr>
</tbody>
</table>

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)

06/03/09 CKP