



Blue Valley School District # 229

**A Request to Inspect Public Records
Pursuant to Kansas Open Records Act, K.S.A. 45-215 through 223**

To be completed by requestor

Name: _____
 Organization: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Proof of Identity may be required.

Records request (Attach additional pages, if necessary. Description of record must be in sufficient detail to ascertain the requested record).

| No | Description | # of Copies |
|----|-------------|-------------|
| 1 | | |
| 2 | | |
| 3 | | |

Signature

Charges: A charge for providing access to public records is authorized by state law and has been established by the district. The charge for access to of copies of the records you have requested is estimated to be \$_____.

To be completed by Freedom of Information Officer

Requested _____ Received by _____
 Provided _____ Provided by _____

Staff time ____ @ \$__ per hour \$ _____
 Copy charge \$0.15/page @ __ pages \$ _____
 Total \$ _____

Please send completed form to:
 Superintendent
 Blue Valley USD # 229
 15020 Metcalf
 PO Box 23901
 Overland Park, KS 66283-0901