

AUGUSTA DEPARTMENT OF PUBLIC SAFETY

2100 North Ohio • Augusta, Kansas 67010-2150
Voice: (316) 775-4500 • Fax: (316) 775-4565

REQUEST FOR OPEN RECORDS

PART A: Requestor Information

Date: _____

Name: _____
Last, First Middle

Address: _____

Phone #: _____ E-Mail: _____

Preferred Delivery: Pick up or Mail

PART B: Information Requested

Description: Please provide a specific description of the record(s) you are requesting. Include all case numbers (if known), dates, or any other pertinent information. If the records are not for the requestor, please include the defendant's name, date of birth, all hyphenated names or aliases, and charge information:

Do you need CERTIFIED copies? Check one: Yes No

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. Any person who knowingly violates this certification shall be liable for the payment of a civil penalty not to exceed \$500.00 for each violation (K.S.A. 45-230).

Signature

Date

(Part C is for Office Use Only)

Office Use Only: Do Not Write Below This Line

PART C: Payment Information

A charge for providing access to public records is authorized by state law.

		Qty	Total
Criminal Report Copies:	\$7.50 first 20 pages	_____	\$ _____
	\$0.25 for each additional page	_____	\$ _____
Accident Report Copies:	\$20.00 first 20 pages	_____	\$ _____
	\$0.25 for each additional page	_____	\$ _____
CD/DVD/Audio:	\$25.00 per item	_____	\$ _____
Research:	\$12.50 per half hour	_____	\$ _____
			\$ _____

Postage & Handling: \$ _____

Total Charges Due:

Prepaid Paid

Date of Initial Response to Requestor: _____

Date Information Released to Requestor: _____

Signature of Person Releasing Documents: _____