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).

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<thead>
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<th>No</th>
<th>Description</th>
<th># of Copies</th>
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__________________________
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 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