

LMH Health Kansas Open Records Act Request Form

LMH Health complies with the Open Records Act, K.S.A. 45-215 et seq. Individuals may inspect and obtain copies of public records that are not exempt from disclosure by law. **To obtain public records, submit this completed form and a copy of your valid state photo identification (e.g. driver's license or state ID).** Requests can be mailed, emailed or delivered in person during regular business hours to:

Autumn Bishop
Freedom of Information Officer
325 Maine Street
Lawrence, KS 66044
kora@lmh.org

Requester Information

Last name:	First name:	Middle name:	
Organization, if requesting on its behalf:			
Street (mailing address):	City:	State:	Zip:
Email address:	Daytime telephone number:		
Specific description of the records you are requesting. Make your request as specific as possible to expedite the process. _____ _____ _____ _____			
Reason for the request: _____ _____			
How the information will be used: _____ _____			

Reasonable fees, not exceeding actual cost, will be charged for access to records, copies of records, and staff time for processing your request. An estimate of the cost will be provided to you prior to processing your request. LMH Health personnel will not provide information, analysis or explanation about public records.

I have reviewed and understand the information on this form and attest that the requestor information I provided is accurate and complete.

Requester's signature

Date