

## **Kansas Open Records Act Request Form**

The Bert Nash Center, including the Treatment & Recovery Center of Douglas County, 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:

Bert Nash Center Attn: Quality Improvement Department 200 Maine St., Ste. A Lawrence, KS 66044 publicrecords@bertnash.org

## **Requester Information**

Last name:	First name:	Middle name:	
Organization, if requesting on its	behalf:	<u> </u>	
Street (mailing address):	City:	State: Zip:	
Email address:	Daytime telep	Daytime telephone number:	
Specific description of the record	s you are requesting. Make your req	uest as specific as possible to expedite the process.	
How the information will be used	<b>1</b> :		
ne request. An estimate of the cost w	rill be provided to you prior to proces	ecords, copies of records, and staff time for processing sing the request.  Chat the requestor information I provided is accurate	
Requester's signature		te	