

**POLICY AND PROCEDURE FOR OBTAINING
COPIES OF OR ACCESS TO PUBLIC RECORDS
PURSUANT TO THE KANSAS OPEN RECORDS ACT (KORA)
PURSUANT TO K.S.A. 45-215 ET SEQ**

OFFICE HOURS:

8:00am to 5:00pm, Monday through Friday, except official holidays as posted by the Saline County Commission. Requests received after 5:00pm will not be logged in and processed until the next business day.

DESIGNATED CUSTODIAN: Jeffery Ebel, Saline County Attorney

RECORDS REQUESTED:

Pursuant to K.S.A. 45-215 et seq, not all records are subject to disclosure. Any response from the Saline County Attorney's Office will list the exceptions to the nondisclosure of any documents.

FEES: The following fees shall be assessed:

COPIES: \$0.25 per page per copy

MAILING: The cost of normal United States Postal Service delivery.

FAXES: Faxes will be charged at \$0.65 per 10 page fax, plus the cost of the copy to be faxed.

STAFF TIME: Will be charged at the rate of pay for each person(s) whose time is used in order to assist and/or respond to a specific request. This may include the time spent to access records maintained in storage facilities, on computer facilities, review records to determine whether disclosure exceptions apply and/or redact information. The current rate for the Saline County Attorney is \$45.70 per hour. The clerical rate ranges from \$15.45 an hour up to \$25.50 an hour depending on the staff member utilized in the record request.

ADDITIONAL FEES: Additional fees may apply including other costs incurred by the agency in connection with complying with a record request may be assessed to the requestor.

ADVANCE PAYMENT OF FEES REQUIRED:

The agency will provide the requestor with an estimate of the fees before gathering and processing or providing access to the records. The estimated fees **MUST BE PAID BEFORE** the agency processes the request or provides access to the requested records.

While we do our best to provide an accurate estimate of the fee, it is possible that the records can be produced for less than the estimated amount. If so, any additional amounts will be refunded.

However, it is also possible that we will discover the estimated fee is low once the actual processing work is started. If we discover that the estimated fee is too low, we will promptly advise the requestor any correction to the fee, and request advance payment of any additional costs before continuing the work.

Payment may be made by check or money order payable to the Saline County Attorney's Office. Return checks will incur an additional fee of \$30.00.

WRITTEN REQUEST:

To assure that the request is clearly understood, the agency requires requests for access to or copies of records be made in writing. All requests for records must state:

- The requestor's name,
- The requestor's mailing address,
- A phone number where the requestor can be contacted, and
- Detailed information about the records being requested. This will help staff in determining if the requested records exist and are in the agency's possession. Requests for records not yet in existence or documents to be created prospectively cannot be honored.

For the convenience of requestors, a form that may be used to make the request is attached at the end of this policy. This form is not required to be used.

REQUESTS FOR ELECTRONIC FORMAT:

The records custodian will be the sole judge of the ability of the agency to comply with any request for the records to be provided in electronic format of for records that must be produced in any special computer generated format.

RESPONSE TIME:

The agency will act upon requests as soon as possible, with some response being made to the requestor no later than the third business day following the receipt of the request. If it appears that additional time will be needed, fees will be assessed, or some of the records may be closed by law, a written response will be provided as soon as the records have been located and reviewed.

Date: _____

Records Custodian
Saline County Attorney's Office
300 W. Ash, Room 302
Salina, KS 67401

RE: Open Records Request

Dear Records Custodian:

Under the Kansas Open Records Act (KORA), K.S.A. 45-215 et seq., I request access to or copies of the following records (please be as specific as possible in describing the records you want and the time period your request covers; attach additional pages as necessary):

My contact information is:

Name: _____ Daytime Phone No.: _____

Address: _____

Email Address: _____

I certify that I do not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information 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 (B) 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 who resides at any address listed.

Sincerely,

(Name of Requestor)