Lake Region Solid Waste Authority Public Information Request Form

I hereby request under the Kansas Open Records Act the following information:

recognize that The request is received Annotated, 45-218.	to provide m			3 business days ct to the Kansas	
I agree to pay all co	osts and fees	associated with	n providing th	e requested infor	mation.
Name: First					Suffix
First		Middle	L	Last	
Signature:					
Legal Residence: _					
-3	Number	Street Name		Apt., Etc.	
Mailing Address:	City	County	State	Zip Code	
	Number	Street Name		Apt., Etc.	
	City	County	State	Zip Code	
Telephone Number Telephone Number Telephone Number Submit to:	/Work: /Cell:				
Lake Region Solid 21808 NW Hwy 31 Garnett, KS 66032 Phone:785-304-13 Email: LakeRegior	86				
The Public Informa	tion Request	Form was rece	ived on		

Estimated Total Fees Excluding Staff Time (Dollars):