

OPEN RECORDS REQUEST FORM

Section 1. Contact Information

ame: (Please Print)			
reet Address:			
ty:	State:	Zip Code:	
ate of Request:			
Mail (optional):	Phone (Phone (Optional):	
action 2. Bosords to be Inspected	or Postuacted		
ection 2. Records to be Inspected	or Requested		
ease provide an itemized list of docume	ents to be inspected (please b	e as specific as possible. Please add	
ages if necessary)			
request the records in the following forn	nat (Choose One):		
Onsite Inspection			
Original Format	ically through E mail /If available	a alastronisallu)	
Receive Records Electroni Receive Records Electroni	ically on Disc (if available electro		
Neserve needras Electronii	carry on Disc (ii available electry	onically)	
For copies or disc, I wish to	pick-up copies or	r have mailed	
urpose of request is for:			
Non-Commercial Purpose			
Commercial Purpose			
Please describe the comm	ercial purpose:		
Open Records Requests must be delivered in p			
 Responses to requests to inspect records will be provided on disc and/or mailed, notification w 	·	1 61.870-61.884. For requests that are to be copied	
		enting the intention is a violation of KRS 61.874.	
Signature		Date	
	STAFF USE ONLY		
Date Received: Date	Completed		

Copy _____ Disc____ Postage____ Staff (commercial): _____ Total Charge: ____