



Section 1. Contact Information

Name: (Please Print) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Request: _____

E-Mail (optional): _____ Phone (Optional): _____

Section 2. Records to be Inspected or Requested

Please provide an itemized list of documents to be inspected (please be as specific as possible. Please add pages if necessary)

I **request** the records in the following format (Choose One):

- _____ Onsite Inspection
- _____ Original Format
- _____ Receive Records Electronically through E-mail (If available electronically)
- _____ Receive Records Electronically on Disc (if available electronically)

For copies or disc, I wish to _____ **pick-up copies** or _____ **have mailed**

Purpose of request is for:

- _____ Non-Commercial Purpose
- _____ Commercial Purpose

Please describe the commercial purpose: _____

- *Open Records Requests must be delivered in person, mailed, faxed or e-mailed to the Fiscal Court Clerk.*
- *Responses to requests to inspect records will be processed in accordance with KRS 61.870-61.884. For requests that are to be copied, provided on disc and/or mailed, notification will be made to cost and records will be mailed once payment is received.*
- *I hereby certify that the purpose stated is true and accurate. Intentionally misrepresenting 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: _____