DATE OF REQUEST ____________________________

APPLICANT INFORMATION

Name: __________________________________________

Address: ________________________________________

Phone: __________________________________________

SPECIFIC PUBLIC RECORDS REQUESTED

(Use Other Side or Additional Sheets if Necessary)

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TO BE FILLED IN BY THE BOONE COUNTY PLANNING COMMISSION

The above records are available at ____________________________

(Place)

on ____________________________ at ____________________________ a.m./p.m.

(Date) (Time)

The above request is delayed due to:

_____ Active use of requested records.

_____ Records are in storage and must be located.

_____ Other ____________________________________________

The request for records is denied due to the following reason:

_____ The records requested are exempt in accordance with K.R.S. 61.880 (see attached letter).


Authorized Signature

Boone County Planning Commission

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TO BE SIGNED BY THE APPLICANT

I have received the above requested records and understand that I may have copies made at the appropriate costs referred to in Section XI, Page 7 of the Boone County Planning Commission Fee Schedule.

__________________________________________________________________________

Signature of Applicant

TOTAL PAGES COPIED: ____________  TOTAL AMOUNT PAID: ________________