Open Records Policy for all County Agencies

1. All applicants must complete a copy of the Open Records Request Form. The Open Records request form is available on line at: http://www.boonecountyky.org/transparency/open_records_requests/index.aspx or in hard copy from the fiscal court clerk. Questions may be directed to the fiscal court clerk at 859-334-3571.

2. Open Records Request Forms shall be submitted to the Official Custodian, Fiscal Court Clerk, 2950 Washington Street, Burlington, Kentucky 41005 during regular office hours (Monday through Friday, 8:00 a.m. to 5:00 p.m.). Requests may be submitted in person, via fax (859-334-3105) or e-mailed to the Fiscal Court Clerk at sburcham@boonecountyky.org. Requests should be itemized and described as clearly as possible by the applicant.

3. A determination will be made within three (3) working days from the date of the application (excepting Saturdays, Sundays, and legal holidays) regarding approval of the request and applicant will be notified in writing of the decision within the three (3) day period. If the request is denied, a statement will be provided citing the statutory exception for the denial. Certain items may be excluded in whole or part if they contain exempted information as prescribed under KRS 61.878.

4. Records will be made available consistent with open records statutory requirements. For records requested to be inspected, a time shall be coordinated with the requester with the notification of the approval of the request. All records reviewed shall be re-assembled by the applicant in their original order. If copies are removed from clips or bound folders, these documents shall be replaced in their original order in a neat and orderly fashion. No person shall remove original copies of public records from this office without the written permission of the Official Custodian.

5. Copies of records are available for the following charges, payable in advance:
   a) Non-commercial document requests $ .10 per copy
   b) Non-commercial recordings, computer disks, tapes $5.00 per copy

6. For non-commercial requests, if record is available in digital format and has been specifically requested to be sent via e-mail, the County will accommodate this request at no charge. For records requested to be copied, placed on a disc and/or mailed, the charge (@ $ .10 per copy; $5.00 per disc and actual cost of postage) will be noted with the approval notification letter and copies or disc provided and/or mailed when the copy/disc/postage fee is remitted and received by the Fiscal Court Clerk.

7. Commercial requests, special requests, or those requested in a non-standardized format shall be subject to higher fees taking into account loss of staff time and actual cost of reproduction. All fees will be noted prior to copying and documents provided when fees are remitted to the Fiscal Court Clerk.
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 Copies Electronically through E-mail (If available electronically)
______ Receive Copies 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: ______________________________________________________

__________________________________________  ___________________________________________
Signature                                      Date

• Records Requests must be delivered in person, mailed, faxed or e-mailed to the Fiscal Court Clerk. Mailing address: Boone County Fiscal Court Clerk, Box 900, 2950 Washington St., Burlington, KY. 41005. Fax Number is 859-334-3105. E-Mail: sburcham@boonecountyky.org
• Responses to requests to inspect records will be processed in accordance with KRS 61 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: _______