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Open Record Request Form

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

E-mail (Optional): _____

Telephone: (daytime) _____ Cell: _____

- Preferred Delivery Pick Up
 U.S. Mail (Include self-addressed postage paid envelope)
 On-site Inspection
 Fax (fax # _____)

Records Requested:

(To expedite the request, be as specific as possible in describing the records being requested. Also include the type of access requested (copying or inspection) Copies for non-commercial for open record shall be charged at ten cents per page. Commercial request for open records shall be charged at a rate commensurate with the standard set out in KRS 61.870, and based upon all cost associated with the acquisition of the compilation thereof.)

Signature: _____ Date: _____
(must be signed to be a valid request under the Kentucky Open Records Act)

** FOR AGENCY USE ONLY **

Received by: _____ Date: _____ Time: _____ Fee Collected: _____

Records provided: _____

Disposition notes: _____