

KENTUCKY ASSOCIATION OF COUNTIES

OPEN RECORDS REQUEST FORM

Date \_\_\_\_\_, 20\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I request to inspect the following **specific** public record(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For additional space, please use the back.

This request *is/is not* (circle one) for a commercial purpose, as defined in KRS §61.870.

Cost of copies and any postage must be paid **in advance** of receiving the copies. Copies will be made at the cost of 10 cents per page.

Amount Enclosed: \$\_\_\_\_\_ Check  Money Order  Cash

\_\_\_\_\_  
Signature

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DISPOSITION

The following disposition was made of the above request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Custodian Signature

\_\_\_\_\_  
Amount Received

\_\_\_\_\_  
Date