

**REQUEST TO INSPECT PUBLIC RECORDS**

Name (print): \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a resident of Ky; a business in Ky or foreign business registered with the Ky. Sec. or State; employed in Ky; own property in Ky; an individual or business entity that has been authorized to act on behalf of an individual or business in Ky; or a news gathering organization?     Yes     No

Is this request for commercial purposes?     Yes     No

Preferred Delivery:         Pick Up     U.S. Mail     On-site Inspection

Records you are requesting: (please be as specific as possible in describing the records you are requesting)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The fee for duplicating a record in paper form is \$0.10 per page. Cost of postage may apply if requesting delivery of copies by mail. Copies of nonwritten records will be placed on a CD/DVD at a cost of \$10. If the request is for commercial purposes additional fees will apply.

Fees: \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*FOR AGENCY USE ONLY\*\*\***

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

How received:  Hand-delivered     Mailed     Fax     Email

Agency response to request:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_