

**KENTUCKY LEAGUE OF CITIES
OPEN RECORDS REQUEST FORM**

Name of Requestor: _____

Mailing address: _____

Phone number: _____ Fax number: _____

SPECIFIC RECORD(S) REQUESTED (Indicate whether you are requesting copies or to review the records. If this is not indicated, it will be assumed you are reviewing copies. If you reside within Fayette County you may be required to review copies before copies will be made)

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

Select one: This must be completed.
Request is for noncommercial OR commercial purpose.

I hereby certify the information provided in this request is true and accurate.

Signature

Printed Name

A PERSON WHO VIOLATES KRS 61.874 (INDICATING WHETHER RECORDS ARE REQUESTED FOR COMMERCIAL OR NONCOMMERCIAL PURPOSE) SHALL BE LIABLE TO KLC FOR DAMAGES, COSTS, AND PENALTIES TO THE AMOUNT ESTABLISHED BY LAW

**Return completed application to:
Kentucky League of Cities
100 East Vine Street, Ste. 800
Lexington, Kentucky 40507
Fax: (859) 977-3703**

FOR KLC USE ONLY

Date received: _____ By: _____

Latest date to respond: _____ Date responded: _____

Disposition: _____

Fees Charged:

Photocopies _____

Media _____

Postage _____

Staff* _____

Other _____

TOTAL _____

*Only for commercial requests