REQUEST TO INSPECT PUBLIC RECORDS FORM OPEN RECORDS REQUEST (KRS CHAPTER 61)

REQUESTOR'S INFORMATION:	Today's Date:
Printed Name	Company Name
Mailing Address, City/State amd ZIP code	
Phone Number	Fax Number
Email I request to inspect document(s) pertaining (Name of Party/Cabinet Agency/or description of document to this form).	g to the following: ts. If more room is needed, please use a separate sheet of paper and attach it
indirect use of any part of a public record or record a service, or any use by which the user expects a "commercial purpose" does not include the public periodical, by a radio or television station in its or defense of litigation by the parties to such an analysis.	
one): ☐ An individual residing in the Commonwealt ☐ A domestic business entity with a location in ☐ A foreign business entity registered with the	that I am a resident of Kentucky because I am (please check th; or the Commonwealth; or Kentucky Secretary of State; or
 □ An individual that is employed and works a □ An individual or business entity that owns r □ An individual or business entity that has been entity listed above; or □ A news-gathering organization as defined in 	eal property within the Commonwealth; or en authorized to act on behalf of an individual or business
I hereby certify the information provided in this	request to be true and accurate.
Requestor's Signature	Print name and date
SEND REQUEST TO: Records Custodian Kentucky Heritage Council 410 High Street Frankfort, Kentucky 40601	Choose your preferred method of receiving documents (choose only one): □ Electronic (email) if responsive material is less than 5MB (free). If the material is more than 5MB, the cost is \$7.00 per flash drive.

☐ Paper Copies (.10¢ fee per page)

☐ Inspect documents onsite (free)

of the documents.

*Preference is <u>not</u> guaranteed and will be determined based upon the original format

Fax: (502) 564-1079

Email: KHC.OpenRecordsRequest@ky.gov