



OPEN RECORDS REQUEST FORM

Section 1. Contact Information

Name: (Please Print) _____ Date of Request: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail (optional): _____ Phone (Optional): _____

Statement of Residency: I certify that I am a resident of Kentucky because I am (check one):

- Individual residing in the Kentucky
- Foreign business registered with the Secretary of State
- Individual/business owning real property in Kentucky
- News-gathering agency (defined in KRS 189.635 (8)(b) 1 a.to e)
- Domestic business with location in the Kentucky
- individual employed and working in Kentucky
- authorized to act on behalf of an entity listed above

Section 2. Records to be Inspected or Requested

Please provide an itemized list of documents to be inspected (please be as specific as possible. Please add pages if necessary) _____

I **request** the records in the following format (Choose One):

- Onsite Inspection
- Original Format
- Receive Copies Electronically through E-mail (If available electronically)
- Receive Copies Electronically on Disc (if available electronically)

For copies or disc, I wish to _____ **pick-up copies** or _____ **have mailed**

Purpose of request is for: _____ Non-Commercial Purpose _____ Commercial Purpose

Please describe the commercial purpose: _____

- *Records Requests must be delivered in person, mailed, faxed or e-mailed to the Fiscal Court Clerk. Mailing address: Boone County Fiscal Court Clerk, Box 900, 2950 Washington St., Burlington, KY. 41005. Fax Number is 859-334-3105. E-Mail: mwebster@boonecountyky.org*
- *Responses to requests to inspect records will be processed in accordance with KRS 61 61.870-61.884. For requests that are to be copied, provided on disc and/or mailed, notification will be made to cost and records will be mailed once payment is received.*
- *I hereby certify that the purpose stated is true and accurate. Intentionally misrepresenting the intention is a violation of KRS 61.874.*

Signature

Date

STAFF USE ONLY

Date Received: _____ Date Completed _____

Copy _____ Disc _____ Postage _____ Staff (commercial): _____ Total Charge: _____