



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):

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

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 859-334-3212. E-Mail: amitchell@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: _____