LOG NUMBER_____

OPEN RECORDS REQUEST FORM

DATE RECEIVED:_____ DATE FOR RESPONSE:_____

DOCUMENTS REQUESTED:_____

_____

(ONE ADDRESS PER FORM)

(**REQUEST NEEDS TO BE AS SPECIFIC AS POSSIBLE- EX: ADDRESS, TYPE OF NOTICE (HOUSING, NUISANCE, SIDEWALK, OR OTHER) DATE OR TIME FRAME, OPEN ONLY, CURRENT VIOLATIONS ONLY, EVERYTHING, ETC.)**

DATE OF NOTICE/ORDER (IF KNOWN):_____

NAME OF REQUESTOR:_____

(PLEASE PRINT)

(SIGNATURE):_____

ADDRESS YOU WISH RESPONSE TO BE MAILED TO:_____

ACCORDING TO KRS 61.880(1) PUBLIC AGENCY MUST RESPOND TO THE APPLICATION IN WRITING; TO THE PERSON MAKING THE REQUEST; WITHIN THREE (3) DAYS, (EXCEPTING SATURDAY, SUNDAY AND LEGAL HOLIDAYS)

ADDRESS:_____

CITY, STATE & ZIP:_____

PHONE NUMBER:_____

RECEIVED BY:_____