

# REQUEST TO INSPECT PUBLIC RECORDS

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**Phone:** ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

I do hereby request to inspect the following specified public records in accordance to KRS 61.884 which allows for the inspection of public records upon written application.

**REQUESTED**

**RECORDS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that copies of written material in public records are available on payment fee of ten (10) cents a page; copies of non-written records (DVD, CD, photographs, maps, materials stored in a computer file or libraries, etc.) shall be furnished on request, at charge equal to the actual cost of producing copies of such records by the most economic process not likely to damage or alter the records.

**Cost: 10 cents per page or \$10.00 per DVD/CD**

**Payment taken after records are prepared and ready for pick up.**

\_\_\_\_\_  
(Date) (Signature of Requestor) (Date) (Signature of Records Custodian)

**OFFICE USE ONLY**

Sent Records Request: \_\_\_\_\_

Availability of Records: \_\_\_\_\_

Records Reviewed/COST: \_\_\_\_\_

Contacted

Requestor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Completed By)

*City of Richmond, KY*