



COMMONWEALTH OF KENTUCKY
TOURISM, ARTS AND HERITAGE CABINET

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

REQUESTOR'S INFORMATION:

Today's Date:

Printed Name

Company Name

Mailing Address, City/State and ZIP code

Phone Number

Email

I request to inspect document(s) pertaining to the following:

(Name of Party/Cabinet Agency/or description of documents. If more room is needed, please use a separate sheet of paper and attach it to this form).

Select One: Request for [] non-commercial or [] commercial purpose

If requested for commercial purpose, please complete the Certification of Commercial Purpose Form

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
#1 Sportsman's Lane
Frankfort, KY 40601
Phone: (502) 892-4417
Fax: (502) 564-0506
Email: fw.orr@ky.gov

Choose your preferred method of receiving documents (choose only one):
[] Electronic (email) if responsive material is less than 5MB (free) - \$7 for flash drive plus postage.
[] Paper Copies (.10¢ per page Black & White, .20¢ per page Color)
[] Inspect document onsite (free)