

COMMONWEALTH OF KENTUCKY

REQUEST TO INSPECT PUBLIC RECORDS
RE: KRS CH. 61

DATE _____

TO: Kentucky Department of Fish & Wildlife Resources

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

Signature of Requestor (Printed Name of Requestor)

Company *Phone Number*

Mailing Address

City *State* *Zip Code*

You will receive a bill with the results.

Number of copies of each page requested: _____ @ \$0.10 each (colored copies are \$0.20 each)
Total # Copies

Please send completed Request Form to:

**KY Department of Fish & Wildlife Resources
#1 Sportsman's Lane
Frankfort, KY 40601
Attention: Records Custodian**

Or you may fax completed Request Form to:
502-564-0506

Any questions, please call **800-858-1549** and ask for the Open Records Custodian.

<p align="center">To Be filled out by Records Custodian:</p> <p>Total # of Pages: _____</p> <p>@ \$0.10 per page: _____</p> <p>@ \$0.20 per page: _____</p> <p>Shipping & Handling: _____</p> <p>Total Due: \$ _____</p> <hr/> <p align="center">To be filled out by Requestor</p> <p align="center">Please make checks Payable to: <u>KY. Dept. of Fish & Wildlife Resources</u></p> <p>Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/></p>
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