

THE CITY OF  
**BARDSTOWN**  
OFFICE OF THE CITY CLERK



## Request for Open Records

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Pursuant to the Kentucky Open Records Act:

The receipt of this request by the City is determined by the date/time stamp on this section

DATE OF REQUEST: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

REQUEST IS FOR  NONCOMMERCIAL OR  COMMERCIAL PURPOSE.

DESCRIPTION OF RECORDS DESIRED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THE INFORMATION PROVIDED IN THIS REQUEST IS TRUE AND ACCURATE.

SIGNED: \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

**FOR OFFICE USE ONLY**

RESPONSE DATE AND TIME: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

METHOD OF RESPONSE DELIVERY: \_\_\_\_\_

NUMBER OF PAGES: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

DATE PICKED UP OR MAILED: \_\_\_\_\_

FORMAT OF RECORD DISTRIBUTION: \_\_\_\_\_

DENIAL OF REQUEST BY CITY ATTORNEY AND BASIS FOR DENIAL (If Applicable):

\_\_\_\_\_

\_\_\_\_\_

Note: Pursuant to the Kentucky Open Records Act, The City of Bardstown has three (3) days in which to respond to this request, excluding weekends and holidays.