

CITY OF BARDSTOWN
REQUEST FOR OPEN RECORD

.10 cents per copy

.40 cents per CD

Flash Drive, see Clerk for price

Pursuant to the Kentucky Open Records Acts

(The Receipt of this request by the City is determined by the date/time stamp on this section)

DATE OF REQUEST: _____ **TIME:** _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER (During Business Hours): _____

DESCRIPTION OF RECORD DESIRED:

SIGNED: _____

(Do Not Write Below – This section is to be completed by the City Clerk)

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):

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