

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: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

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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.**