



OPEN RECORDS REQUEST FORM

Name: _____ Date: _____

Mailing Address (for purposes of providing requested records):

Phone Number: _____ Fax Number: _____

Email Address: _____

Requested Records:

Method of Inspection:

I want to inspect records at _____

I want copies sent to mailing address (copies are 10¢ per page, Make checks payable to: Franklin County Treasurer)

I will pick up copies Other _____

Select one: Request is for _____ non-commercial or _____ commercial purpose

If requested for commercial purposes, please describe the commercial purpose for which the records will be used:

I hereby certify the information provided in this request is true and accurate.

Signature _____

Print Name _____

Return completed application to:

Franklin County Fiscal Court

321 West Main Street

Frankfort, KY 40601

Phone: (502) 875-8751 Fax: (502) 875-8755

Date Received: _____

FOR COUNTY USE ONLY

Routed to: _____

Date due: _____

Date of release/denial: _____

Fees: Copies: _____ Postage: _____ Other: _____ Total: _____

Signature of Custodian: _____

Notes: _____