



OPEN RECORDS REQUEST FORM

Return completed application to:

Franklin County Fiscal Court
321 West Main Street
Frankfort, KY 40601

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

Name: _____ Date: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Requested Records: _____

Method of Inspection:

I want to inspect records at _____ I will pick up copies E-mail Copies

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

Statement regarding the use of public records. KRS 61.870(4) defines "commercial purpose" as "the direct or indirect use of any part of a public record or records, in any form, for sale, resale, solicitation, rent, or lease of a service, or any use by which the user expects a profit either through commission, salary, or fee." However, "commercial purpose" does not include the publication or related use of the public record by a newspaper or periodical, by a radio or television station in its news or informational program, or by use in the prosecution or defense of litigation by the parties to such an action or their attorney.

This Request is for (Select one): non-commercial or commercial purpose

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

Statement regarding residency. I further state that I am a resident of Kentucky because I am (please check one):

- An individual residing in the Commonwealth; or
- A domestic business entity with a location in the Commonwealth; or
- A foreign business entity registered with the Kentucky Secretary of State; or
- An individual that is employed and works at a location within the Commonwealth; or}
- An individual or business entity that owns real property within the Commonwealth; or
- An individual or business entity that has been authorized to act on behalf of an individual or business entity listed above; or
- A news-gathering organization as defined in KRS 189.635(8)(b)1a. to e.

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

Signature Print Name

Date Received: _____ **FOR COUNTY USE ONLY** Routed to: _____

Date due: _____ Date of release/denial: _____

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

Signature of Custodian: _____

Notes: