

CLARK COUNTY, KENTUCKY

OPEN RECORDS INSPECTION/DUPLICATION FORM

Applicant: _____ Date: ____/____/____
Address: _____ Phone: _____
Address: _____ Fax: _____
City: _____, State _____, ZIP _____

___ I wish to inspect the following records: _____

___ I request copies of the following records: _____

Signature: _____ Date: _____

<p>___ The records are available for inspection and may be viewed at _____ _____ on _____ at _____. (date) (time)</p> <p>___ Copies may be picked up at _____ on _____ Cost for copies: _____ pages at _____ per page, plus postage if mailed.</p> <p>___ This request for inspection or copies is denied due to the following reason(s): _____ _____ _____</p> <p>Signature: _____ Title: _____ Date: _____</p>
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I have viewed the requested records and/or have received the requested copies.

Signature _____ Date _____