

CITY OF AUDUBON PARK
OPEN RECORDS REQUEST APPLICATION

NAME: _____ **DATE:** _____

ADDRESS: _____

I am making application for inspection of the following records under the Kentucky Open Records Law, K.R.S. 61.872.

LIST OF RECORDS REQUESTED FOR INSPECTION: _____

Inspection of public records is limited to regular office hours of the City Clerk. Monday through Thursday during the hours of 8:00 A.M. – 4:00 P.M.

No original records shall be removed from the office without written permission of the Mayor.

All copies of records shall have a \$0.10 per page service charge.

Applicant Signature

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OFFICE USE ONLY

DATE RECEIVED: _____ TIME RECEIVED: _____

RECEIVED BY: _____ TITLE: _____

REQUEST: APPROVED () REFERRED TO CITY ATTORNEY ()

DATE REFERRED: _____ REASON: _____