

OPEN RECORDS REQUEST FORM



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Requested Records: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Select one:** Request is for \_\_\_\_ non-commercial or \_\_\_\_ commercial purpose.

If requested for commercial purpose, 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

**A PERSON WHO VIOLATES KRS 31.874 (INDICATING WHETHER RECORDS ARE REQUESTED FOR COMMERCIAL OR NON-COMMERCIAL PURPOSE) SHALL BE LIABLE TO THE CITY FOR DAMAGES, COSTS, AND PENALTIES TO THE AMOUNT ESTABLISHED BY LAW.**

All open records requests are subject to pre-paid costs associated with duplication of the records and postage. The cost is .10 cents per copy. The postage amount will be determined by the city and included with your estimate. Your request will be promptly processed once we receive payment. Records that are in electronic form will be emailed at no cost. Most of the city's records are not in e-form.

Return completed application to:  
City Clerk  
City of Shelbyville  
315 Washington Street  
Shelbyville, KY 40065  
FAX: (502) 633-4292

**FOR CITY USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
Latest date to respond: \_\_\_\_\_ Date responded: \_\_\_\_\_  
Fee Charged:  
Photocopies \_\_\_\_\_ Postage \_\_\_\_\_ Other \_\_\_\_\_ TOTAL \_\_\_\_\_