REQUEST TO INSPECT PUBLIC RECORDS FORM OPEN RECORDS REQUEST (KRS CHAPTER 61)

REQUESTOR'S INFORMATION:	Today's Date:
Printed Name	Company Name
Mailing Address, City/State amd ZIP code	
Phone Number	Fax Number
Email	
I request to inspect document(s) pertaining (Name of Party/Cabinet Agency/or description of document to this form).	g to the following: ats. If more room is needed, please use a separate sheet of paper and attach it
a service, or any use by which the user expects a "commercial purpose" does not include the pub periodical, by a radio or television station in its or defense of litigation by the parties to such an	•
This request is (choose one): NOT for com	• •
one): ☐ An individual residing in the Commonwealt ☐ A domestic business entity with a location ir ☐ A foreign business entity registered with the ☐ An individual that is employed and works a ☐ An individual or business entity that owns residuals.	the Commonwealth; or Exertion Kentucky Secretary of State; or It a location within the Commonwealth; or It alocation within the Commonwealth; or It alocation within the Commonwealth; or I It alocation within the Commonwealth; or I It alocation within the Commonwealth; or I
I hereby certify the information provided in this	
Requestor's Signature	Print name and date
SEND REQUEST TO: Records Custodian Kentucky Department of Tourism 500 Mero Street, 5th Floor Frankfort, Kentucky 46001	Choose your preferred method of receiving documents (choose only one): □ Electronic (email) if responsive material is less than 5MB (free). If the material is more than 5MB, the cost is \$7.00 per flash drive.

☐ Paper Copies (.10¢ fee per page)

*Preference is <u>not</u> guaranteed and will be determined based upon the original format

☐ Inspect documents onsite (free)

of the documents.

Fax: (502) 564-1079

Email: KDTOpenRecordsRequest@ky.gov