

HARDIN CITY HALL
OPEN RECORDS REQUEST FORM

Name of Requestor: _____

Mailing Address: _____

Phone Number: _____

SPECIFIC RECORD(S) REQUESTED (Indicate whether you are requesting copies or to review the records. If this is not indicated, it will be assumed you are reviewing copies.

Cost of Copies and any postage must be paid in advance of receiving the copies. Copies will be made at the cost of .10 per page.

Select one: This must be completed.

Request is for ___noncommercial OR ___commercial purpose.

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

Signature

Printed Name

A PERSON WHO VIOLATES KRS 61.874 (INDICATING WHETHER RECORDS ARE REQUESTED FOR COMMERCIAL OR NONCOMMERCIAL PURPOSE) SHALL BE LAIBLE TO THE CITY OF HARDIN AND OR KLC FOR DAMAGES, COSTS AND PENALTIES TO THE AMOUNT ESTABLISHED BY LAW.

Return completed application to:

City of Hardin

PO Box 57

Hardin, KY 42048

Fax: (270)437-4359

FOR CITY OF HARDIN USE ONLY

Date received: _____ By: _____

Latest date to respond _____ Date responded: _____

Fees Charged:

Photocopies _____

Media _____

Postage _____

Other _____

Total _____