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OLDHAM COUNTY FISCAL COURT

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Open Records Request Form

First Name: _____ **Last Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail (Optional): _____

Telephone (Daytime): _____

Preferred Delivery:

- ☐ Pick Up
- ☐ U.S. Mail (Include self-addressed postage paid envelope)
- ☐ On-Site Inspection
- ☐ Fax (Fax # _____)

Records Requested: To expedite the request, please be as specific as possible in describing the records being requested (copying or inspection). Copies for non-commercial for open record shall be charged at ten cents per page. Commercial requests for open records shall be charged at a rate commensurate with the standards set in KRS 61.870 and based upon all cost associated with the acquisition of the compilation thereof.

Signature: _____ **Date:** _____
(must be signed to be a valid request under the Kentucky Open Records Act)

FOR AGENCY USE ONLY

Received By: _____ Date: _____ Time: _____ Fee Collected: _____

Records Provided: _____

Disposition Notes: _____