



# City of Stanford, Kentucky Open Records Request Form

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

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

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 requesting copies).

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

Select one: This **MUST** be completed. Request is for:  non commercial **OR**  commercial purposes.

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 NON COMMERCIAL PURPOSE) SHALL BE LIABLE TO THE CITY FOR DAMAGES, COSTS AND PENALTIES TO THE AMOUNT ESTABLISHED BY LAW.**

Return completed application to:

City Clerk, City of Stanford, 403 East Main Street, Stanford, KY 40484 FAX: 606-365-4509

### *FOR CITY USE ONLY*

Date Received: \_\_\_\_\_ BY: \_\_\_\_\_

Latest date to respond: \_\_\_\_\_ Date Responded: \_\_\_\_\_

Fees charged:

Photocopies \_\_\_\_\_

Media \_\_\_\_\_

Postage \_\_\_\_\_

Staff\* \_\_\_\_\_

Other \_\_\_\_\_

TOTAL \_\_\_\_\_

Rcvd: \_\_\_\_\_ Check# \_\_\_\_\_

**\*For Commercial Requests Only**