



OPEN RECORDS REQUEST FORM

Name: _____ Date: _____

Mailing Address (for purposes of providing requested records):

Phone Number: _____ Fax Number: _____

Email Address: _____

Requested Records: _____

Select one: Request is for _____ non-commercial or _____ commercial purpose

If requested for commercial purposes, 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

Return completed application to:

City Clerk

City of Frankfort

P. O. Box 697

315 W. Second St.

Frankfort, KY 40602

Phone: 502/875-8500 Fax: 502/875-8502

Log #: _____ **FOR CITY USE ONLY** Routed to: _____

Date due: _____ Date of release/denial: _____

Fees: Copies: _____ Postage: _____ Other: _____ Total: _____

Signature of Custodian: _____

Notes: _____