

**CITY OF PERRYVILLE  
OPEN RECORDS REQUEST FORM**

Name of Requestor: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**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.)

See attachment.

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

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: Request is for  noncommercial OR  commercial purpose.

**Statement regarding residency.** I further state that I am a resident of Kentucky because I am (please check one):

- An individual residing in the Commonwealth; or
- A domestic business entity with a location in the Commonwealth; or
- A foreign business entity registered with the Kentucky Secretary of State; or
- An individual that is employed and works at a location within the Commonwealth; or
- An individual or business entity that owns real property within the Commonwealth; or
- An individual or business entity that has been authorized to act on behalf of an individual or business entity listed above; or
- A news-gathering organization as defined in KRS 189.635(8)(b)1a. to e.

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 LIABLE FOR DAMAGES, COSTS, AND PENALTIES TO THE AMOUNT ESTABLISHED BY LAW**

**RETURN REQUEST TO: CITY OF PERRYVILLE  
P O BOX 95, 314 E 2<sup>nd</sup> Street  
PERRYVILLE KY 40468**

**FOR CITY USE ONLY**

Date received: \_\_\_\_\_ By: \_\_\_\_\_

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

Disposition: \_\_\_\_\_

Fees Charged: Photocopies \_\_\_\_\_

Media \_\_\_\_\_

Postage \_\_\_\_\_

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

TOTAL \_\_\_\_\_

\*Only for commercial requests