

**CITY OF MADISONVILLE, KY
OPEN RECORDS REQUEST FORM**

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

FAX 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 requesting copies.)

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

Return completed application to:

City Clerk, PO Box 705

Madisonville, KY 42431

FAX: 270-824-2158

Call 270-824-2101 for additional information. Emails are not accepted.

FOR CITY USE ONLY

Date Received: _____ BY: _____

Latest date to respond: _____ Date responded: _____

FEES CHARGED:

Photocopies _____

Media _____

Postage _____

Staff* _____

Other _____

Total _____

*Only for commercial requests