



City of Ashland
1700 Greenup Ave
P.O. Box 1839
Ashland, Kentucky 41105
Fax: 606.327.2055

OPEN RECORDS REQUEST FORM

Requester information (Please print legibly):

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Best Contact Phone: _____ Cell: _____

- Preferred Delivery: [] Pick Up (10 cents per page)
[] U.S. Mail (10 cents per page, plus, Postage cost)
[] On-Site Inspection (8:30 am to 5:00 p.m. M-F, except holidays)

Records Requested:

(to expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection))

To inspect a public record, you must make a written request to the official custodian of records of the agency. You should describe the records you want to inspect in detail, sign the request, and print your name on it. You may hand deliver, mail, or fax your request to the agency. If you wish, you may use our form. (KRS 61.872)(Open Records Act, KRS 61.870 to 61.884)

Signature: _____ Date: _____

AGENCY USE ONLY

Received by: _____ Date: _____ Time: _____

Received by Records Custodian, Date: _____ Time: _____ Initial: _____

Response Sent Date: _____ (US Mail) (Pick Up) (On Site Inspection)

Notes: