

**CITY OF GLASGOW**  
**OPEN RECORDS REQUEST**

**Date of Request:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Description of Records Requested:** \_\_\_\_\_

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

**Signed:** \_\_\_\_\_

*(Must be signed to be a valid request under the Kentucky Open Records Act)*

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**(Do Not Write Below – This section is to be completed by the City Clerk)**

**DISPOSITION**

- |  |   |
|--|---|
| <input type="checkbox"/> Request Granted         | <input type="checkbox"/> Request deferred (lacks specificity) |
| <input type="checkbox"/> Request granted in part | <input type="checkbox"/> Request denied                       |
| <input type="checkbox"/> Records not found       |   |

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

**Response Date:** \_\_\_\_\_ **Response Time:** \_\_\_\_\_ **Method of Delivery:** \_\_\_\_\_

**Number of Pages:** \_\_\_\_\_ **Cost: copies @ .10 per page for 10 pages or more – CD's @ \$2.00 each plus postage**

**Total Amount Due in advance:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Signature of Custodian**

(Pursuant to the Kentucky Open Records Acts (KRS §61.870 to §61.884) the City of Glasgow has (3) days in which to respond to this request, excluding weekends and holidays).

**Return Request to:**  
**City Clerk Jamie McFarlin**  
**City of Glasgow**  
**126 East Public Square**  
**Glasgow, KY 42141**  
**Phone: 270-651-5131**  
**Fax: 270-651-2511**  
**Email: [jmcfarlin@glasgow-ky.com](mailto:jmcfarlin@glasgow-ky.com)**