

CITY OF GLASGOW
OPEN RECORDS REQUEST

Date of Request: _____ **Time:** _____

Name: _____

Address: _____

Telephone # (During Business Hours): _____

Description of Records Requested: _____

Signed: _____

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

(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: _____ **10¢ per page for paper copies - \$2.00 per CD - plus postage**

Total Amount Due _____

Signed: _____

Signature of Custodian

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