

CITY OF GLASGOW
OPEN RECORDS REQUEST

Date of Request: _____

Time: _____

Name: _____

Phone Number: _____

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: _____ 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
City of Glasgow
126 East Public Square
Glasgow, KY 42141
Phone: 270-651-5131
Fax: 270-651-2511
Email: