

**CITY OF GEORGETOWN
CITY CLERK'S OFFICE
502-863-9804
FAX: 502-863-9962**

OPEN RECORDS REQUEST

Date: _____

Under the **Open Records Request KRS 61.0870 (2)**, I am requesting to review or copy:

Please certify below whether your intended use for the requested material is commercial or non-commercial. If the use is non-commercial, we need no further information. If the use is commercial, we will determine the appropriate charge for that material based upon **KRS 61.874 (4)**.

Non-commercial _____

Commercial _____

I understand the City has three (3) working days to respond to my request, and the cost of one (1) copy is \$.10 per page. In the event the City refuses my request, I understand that the refusal will state the justification for the refusal, and will be provided to me at the time a response is due.

Name

Address

Telephone Number

Signature

**City Hall
100 Court Street
Georgetown, Kentucky 40324**