

**GRANT COUNTY ATTORNEY'S OFFICE
OPEN RECORDS REQUEST FORM**

Name:

Mailing address:

Phone number:

Fax number:

SPECIFIC RECORD(S) REQUESTED (Indicate whether you are requesting copies or to review the records. If this is not indicated it will be assumed you are requesting copies.)

Select one: This **must** be completed.

Request is for noncommercial OR commercial purpose.

Statement regarding residency. I further state that I am a resident of Kentucky because I am (please check one):

- An individual residing in the Commonwealth; or
- A domestic business entity with a location in the Commonwealth; or
- A foreign business entity registered with the Kentucky Secretary of State; or
- An individual that is employed and works at a location within the Commonwealth; or
- An individual or business entity that owns real property within the Commonwealth; or
- An individual or business entity that has been authorized to act on behalf of an individual or business entity listed above; or
- A news-gathering organization as defined in KRS 189.635(8)(b)1a. to e.

I hereby certify the information provided in this request is true and accurate.

Signature

Printed Name

A PERSON WHO VIOLATES KRS 61.874 (INDICATING WHETHER RECORDS ARE REQUESTED FOR COMMERCIAL OR NONCOMMERCIAL PURPOSE) SHALL BE LIABLE FOR DAMAGES, COSTS, AND PENALTIES IN AMOUNTS ESTABLISHED BY LAW

**Return completed application to:
Office of Grant County Attorney
Official Records Custodian Pete W. Whaley
101 North Main Street, Williamstown, KY 41097
Phone: (859) 823-5091 Fax: (859) 823-0028 Email: pwhaley@grantco.org
www.grantcountyattorney.com**

FOR COUNTY USE ONLY

Date received: _____ By: _____
Latest date to respond: _____ Date responded: _____

Fees Charged:

Photocopies

Media

Postage

Staff* _____

*Only for commercial requests

Other _____

TOTAL _____