

**COMMONWEALTH OF KENTUCKY  
PERSONNEL BOARD  
OPEN RECORDS REQUEST  
REQUEST TO INSPECT OR COPY PUBLIC RECORDS**

TO: Custodian of Records

Date: \_\_\_\_\_

Requestor's Contact Information:

Name (Printed): \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

News Gathering Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code Phone No.

Records Requested: Be specific. List any Appeal No. associated with the documents and/or disc recordings you are requesting; dates and/or time periods of documents and hearings; the names of the Appellants and Appellees if you have them.

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

Statement regarding residency: I state that I am a resident of the Commonwealth of Kentucky because I am (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. (if checked, the [Certification Form](#) is required to be submitted with the request).

This request is (choose one) See KRS 61.870(4).

- NOT for a commercial purpose; or
- FOR a commercial purpose.

Signature of Requestor: \_\_\_\_\_

**DISPOSITION (to be completed by Records Custodian)**

Request Granted  Request granted in part  Request denied  Request deferred  Records not found

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

\_\_\_\_ Copies at .10 cents per page = \$\_\_\_\_ Disc and/or flash drive \$10 each = \$\_\_\_\_ Postage costs \$\_\_\_\_

**TOTAL: \$\_\_\_\_ Payment must be received prior to requested information distributed. Return this form with your payment.**

Custodian of Records: \_\_\_\_\_ Date: \_\_\_\_\_