

CITY OF WILMORE
Request for Open Record
Pursuant to the Kentucky Open Records Acts

(The Receipt of this request by the City is determined by the date/time stamp on this section)

.10 cents per copy
.40 cents per CD/TAPE

DATE OF REQUEST: _____ TIME: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER (During Business Hours): _____

DESCRIPTION OF RECORD DESIRED:

SIGNED: _____

(Do not Write Below – This section is to be completed by the City Clerk)

RESPONSE DATE: _____ RESPONSE TIME: _____

METHOD OF DELIVERY:

NUMBER OF PAGES: _____

AMOUNT PAID: _____

BY: _____

TITLE: _____

DENIAL OF REQUEST BY CITY ATTORNEY AND BASIS FOR DENIAL (If Applicable):

(Pursuant to the Kentucky Records Acts, The City of Wilmore has three (3) days in which to respond to this request, excluding weekends and holidays)