

**CITY OF BARDSTOWN**  
**10 cents per copy**

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)

**DATE OF REQUEST:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**PRINTED NAME OF REQUESTER:** \_\_\_\_\_

**ADDRESS OF REQUESTER:** \_\_\_\_\_

\_\_\_\_\_

**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:** \_\_\_\_\_

**SIGNATURE OF RECEIVER:** \_\_\_\_\_

**PRINTED NAME OF RECEIVER:** \_\_\_\_\_

**NUMBER OF PAGES:** \_\_\_\_\_ **AMOUNT PAID:** \_\_\_\_\_

**BY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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