



8236 West Main Street, Alexandria, KY 41001
PH: 859-635-4125
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PUBLIC RECORDS INSPECTION FORM

REQUESTER INFORMATION: (Please Print Clearly)

NAME: _____
ADDRESS: _____
PHONE: _____ DATE OF REQUEST: _____

SPECIFIC PUBLIC RECORDS REQUESTED: (i.e. "Copy of Ordinance 2012-99")

PURPOSE: _____ **Non-Commercial Use** _____ **Commercial Use**

If for Commercial Purpose, please state purpose: _____

It is unlawful for a person to obtain a copy of any part of a public record for a commercial purpose without stating the commercial purpose. If this records request is being used for commercial purposes, the City of Alexandria requires the requester to submit a Certified Statement stating the commercial purpose for which they shall be used, and may require the requestor to enter into a contract with the agency. (KRS 61.874)

Cost of copies and any postage must be paid in advance of receiving the copies. Copies will be made at the cost of \$.10 per copy.

(Signature of Requester)

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ DATE FULFILLED: _____
FEES CHARGED:
Photocopies: _____
Postage: _____
Other: _____
TOTAL: _____

(Custodian Signature)

(Ord. #16-76)