Commonwealth of Kentucky • Auditor of Public Accounts REV. 3/1/2016

Request To Inspect Public Records

Pursuant to KRS Chapter 61 ***Please Note:*** *Write legibly and be specific.*

Date: _____

I request to inspect and/or receive copies of the following:

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Is this request made for a commercial purpose? YES ____ NO ____

Please mark your preferred method of receiving information:

_____ **Paper Copies** – fee $0.10 per photocopy

_____ **Electronic *(email)*** – *free* if material is under 5 MB

_____ **Inspect Documents** – Please set up appointment *(free)*

An invoice, if applicable, will be attached to the responsive documents. Postage costs associated with mailing the paper copies and/or CDs will also be included on the invoice.

REQUESTOR'S INFORMATION:

Requestor's Name	Company Name
Mailing Address 1	Phone Number
Mailing Address 2	Fax Number
City, State, ZIP	Email Address

Email completed form to Auditor.ORR@**ky.gov**— *OR* —Fax completed form to **(502) 564-2912**