



CITY OF HUSTONVILLE
P.O. BOX 110
HUSTONVILLE, KY. 40437
606.346.2501

HUSTONVILLE CLERKS OFFICE
7910 LIBERTY RD
HUSTONVILLE, KY. 40437
606.346.2501

Date

Requestor Name

Requestor Email

Requestor Organization

Requestor Phone

Requestor Address

SPECIFIC RECORD(S) REQUESTED (Indicate whether you are requesting copies or to review the records. If this is not indicated, it will be assumed you are reviewing copies. If you have more than one request, *it must* be done on a separate form.)

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 page.

Select one: This must be completed. Request is for noncommercial OR commercial purpose. I hereby certify the information provided in this request is true and accurate.

Signature

Printed Name

A PERSON WHO VIOLATES KRS 61.874 (INDICATING WHETHER RECORDS ARE REQUESTED FOR COMMERCIAL OR NONCOMMERCIAL PURPOSE) SHALL BE LIABLE TO CITY OF HUSTONVILLE FOR DAMAGES, COSTS, AND PENALTIES TO THE AMOUNT ESTABLISHED BY LAW.

Return completed application to: Hustonville City Clerk 7910 Liberty St, Hustonville, KY 40437

For Office Use Only

Date received: _____ By: _____ Latest date

to respond: _____ Date responded: _____ Disposition:

_____ Fees Charged:

Photocopies _____ Media _____ Postage

_____ Staff* _____ *Only for commercial requests Other

_____ TOTAL