



# MADISON COUNTY HEALTH DEPARTMENT

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REV 03-01-14  
LHP-11

## OPEN RECORDS REQUEST FORM

Date: \_\_\_\_\_

### DOCUMENTS REQUESTED:

I wish to inspect documents pertaining to: \_\_\_\_\_

\_\_\_\_\_  
(Name of party whose records are being requested, such as establishment name)

Please include the following types of documents: \_\_\_\_\_

\_\_\_\_\_  
(List specific types of documents requested)

I am aware that copies of these records may be billed at 10¢ per page, plus postage (if mailed). If required, I agree to submit payment by check or money order if requesting that the documents be mailed, or additionally payable by cash if documents are to be picked up. I understand that the documents will not be released until full payment has been received.

Please call me at the phone number below when the documents are available for pickup

Please (circle one) mail / e-mail these documents to the address below

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Mailing Address (including city/state/zip)

\_\_\_\_\_  
Daytime Phone Number (including area code)

\_\_\_\_\_  
E-Mail Address (print clearly)

### DISPOSITION:

Request granted in full

Records not found

Request deferred (lacks specificity)

Request granted in part

Request denied

Other: \_\_\_\_\_

**EXPLANATION OF DISPOSITION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<p>_____ pages x 10¢ ea = \$ _____</p> <p>postage (if applicable) = \$ _____</p> <p><b>TOTAL:</b> \$ _____</p> <p>Payment received on _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check/ MO # _____</p>	<p>_____ Signature of Records Custodian</p> <p>_____ Printed Name / Date</p>
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*\*All open records requests are subject to the regulations and exemptions set forth in KRS 61.870-61.884*