

OPEN RECORDS REQUEST FORM

The Campbell County Fiscal Court shall determine within five (5) days, excepting Saturdays, Sundays, and legal holidays, after the receipt of the Open Records request whether to comply with the request and shall notify in writing the requesting party within the five (5) day period of its decision. Complete the request form below by printing clearly.

| 1) Name of Requesting Party: |
|---|
| 2) Indicate below that the person making the request is one of the following: |
| □ (a) An individual residing in the Commonwealth of Kentucky □ (b) A domestic business entity with a location in the Commonwealth of Kentucky □ (c) A foreign business entity registered with the Kentucky Secretary of State □ (d) An individual that is employed and works at a location or locations within the Commonwealth of Kentucky □ (e) An individual or business entity that owns real property within the Commonwealth of Kentucky □ (f) Any individual or business entity that has been authorized to act on behalf of an individual or business entity defined in paragraphs (a) through (e) of this paragraph |
| ☐ (g) A news-gathering organization as defined in KRS 189.635(8)(b)1.a to e. Additional Information (if necessary) |
| 3) I desire to obtain or review copies of the requested documents. Obtain Review |
| 4) Available records can be provided in multiple formats. Please indicate which format the requesting party desires to receive the records: Electronically at no charge, subject file limitations Electronically on a portable drive for the cost of \$5.00 Paper copies at the cost of \$0.10 per page Reviewed in-person during regular business hours of Monday through Friday, 8:30 a.m. to 4:30 p.m. local time |
| 5) Indicate where the requested records are to be provided: |
| Mailing Address: Or |
| E-Mail Address: |



| 6) Is this Request for a Commercial P If yes, complete the Certification of C | Surpose: Yes No Commercial Purpose Form (page 3 of Request Form). | |
|---|---|--|
| 7) Provide a description of the docum | nents requested: | |
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| The written application shall be signed by the requesting party and provided to Matt Elberfeld as official custodian of the County's records by either being hand delivered (Hours of Operation: Monday thru Friday from 8:30 a.m. to 4:30 p.m. local time) or mailed to: Campbell County Fiscal Court, c/o Matt Elberfeld, 1098 Monmouth Street, Newport, Kentucky 41071; sent via facsimile to (859) 292-3822 or, sent via email to: openrecords@campbellcountyky.gov . | | |
| | | |
| | Signature of Requesting Party | |
| | Date | |
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Only Complete This Form if Answered "YES" to Question 6

CERTIFIED STATEMENT OF COMMERCIAL PURPOSE FOR OPEN RECORD REQUEST CAMPBELL COUNTY, KENTUCKY

| I,, on behalf of County, Kentucky, under the provisions of the | , have made a request to the Campbell Kentucky Open Records Act for the following information: |
|--|---|
| I,, on behalf of and attest that this information is to be used for 61.870(4)(a)): | , hereby state, certify, swear or affirm, the following commercial purpose only (as defined in K.R.S. |
| • | nto a contract with the Campbell County, Kentucky, Fiscal |
| | ch may be provided for the stated commercial purpose for a |
| • | rdance with K.R.S. 61.874(5), it is unlawful to obtain a copy |
| • • | al purpose, if I use or knowingly allow the use of the public |
| | mit this certification, or resell the information to a third party |
| other than as permitted under the contract. | |
| WITNESS this CERTIFIED STATEMENT of affixed hereon. | of commercial purpose of the party hereto by the signature |
| By: | |
| Title: | |
| State of: | |
| State of: |) ss |
| The foregoing CERTIFIED STATEMENT | was sworn to (or affirmed), certified, attested and |
| acknowledged before me this day of _ | , 20, to be the true act and deed of |
| on behalf of | |
| | |
| | Notary Public |
| My Jurisdiction is: | My Commission expires: |