

**CITY OF FALMOUTH
OPEN RECORDS REQUEST FORM**

Name: _____

Mailing address: _____

Phone number/Email: _____

How you would like to receive your copies after payment has been processed:

- Postal Mail
- Email
- Fax
- Review Records ONLY

Describe the SPECIFIC RECORD(S) you are requesting. Please indicate whether you are requesting copies or to review the records. If this is not indicated it will be assumed you are requesting copies and WILL BE ACCESSED A TEN CENT PER PAGE COPYING FEE.

Select one: This must be completed.

Request is for noncommercial OR commercial purpose.

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

I hereby certify the information provided in this request is true and accurate.

Signature

Printed Name

**Return completed application to:
City Clerk
City of Falmouth
230 Main Street
Falmouth, KY 41040
Email: cohara@cityoffalmouth.com**
