

**CITY OF Stanford**  
**OPEN RECORDS REQUEST FORM**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

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 requesting copies.)

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

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 THE CITY FOR DAMAGES, COSTS, AND PENALTIES TO THE AMOUNT ESTABLISHED BY LAW**

Return completed application to:

City Clerk  
City of Stanford  
305 E. Main Street  
Stanford, KY 40484

Fax: 606-365-4509

**FOR CITY USE ONLY**

Date received: \_\_\_\_\_ By: \_\_\_\_\_  
Latest date to respond: \_\_\_\_\_ Date responded: \_\_\_\_\_

Fees Charged:

Photocopies \_\_\_\_\_  
Media \_\_\_\_\_  
Postage \_\_\_\_\_  
Staff\* \_\_\_\_\_  
Other \_\_\_\_\_  
TOTAL \_\_\_\_\_

\*Only for commercial requests