

CITY OF WEST POINT

Request for Open Record
Pursuant to the Kentucky Open Records Acts

DATE OF REQUEST: _____ **TIME:** _____

NAME: _____

ADDRESS:

TELEPHONE NUMBER (During Business Hours): _____

DESCRIPTION OF RECORD DESIRED:

SIGNED: _____

(Do Not Write Below – This section is to be completed by the City Clerk)

RESPONSE DATE: _____ **RESPONSE TIME:** _____

METHOD OF DELIVERY: _____

NUMBER OF PAGES: _____ **AMOUNT PAID:** _____

BY: _____ **TITLE:** _____

DENIAL OF REQUEST BY CITY OF WEST POINT AND BASIS FOR DENIAL (If Applicable):

(Pursuant to the Kentucky Open Records Acts, The City of West Point has three (3) days in which to respond to this request, excluding weekends and holidays.)