

**CITY OF HOPKINSVILLE
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 Hopkinsville
715 S. Virginia Street
Hopkinsville, Kentucky 42240
Fax: (270) 632-2056**

CITY USE ONLY

Date received: _____ By: _____
Latest date to respond: _____ Date responded: _____

Fees Charged:

Photocopies _____
Media _____
Postage _____
Staff* _____
Other _____
TOTAL _____

**only for commercial requests or body camera videos*