

## KENTUCKY OPEN RECORDS ACT-REQUESTS

### **What is the Kentucky Open Records Act?**

The Kentucky Open Records Act (KRS 61.80 to KRS 61.884) provides access to public records that, by law, are not exempt from disclosure. For more information on the act, visit the Kentucky Office of the Attorney General Web site at <http://ag.ky.gov>.

### **What are public records?**

Public records are those materials prepared, owned, used, possessed, maintained or retained by state and local government agencies that must be open for public inspection unless the records are excluded by any of the 14 exemptions in the Kentucky Open Records Act. Public agencies are not required to compile information or to answer questions, but to provide only specific records responsive to a request. For more information on the 14 exemptions and other KORA information, visit the Kentucky Office of the Attorney General Web site at <http://ag.ky.gov>.

### **Is there a cost for records?**

Spencer County charges 10 cents per released page. There also are charges for photos, or any form of media applicable. The official custodian sends a letter stating how much requesters owe for records.

### **What is the timeframe for a response to my request?**

State law requires a written response to an open records request be issued within three days (excluding Saturdays, Sundays and legal holidays). The three-day timeframe begins the day after receipt of the request. For more information, go to <http://ag.ky.gov/civi/orom/> and click on "Protecting Your Right to Know".

### **How do I request a public record?**

To request copies of or inspect public records, you must make **written** request to the Official Custodian of Records. Sign the request, print your name, and describe the records (be specific, i.e. name, date, location) you wish to inspect or obtain copies of. Please include your address and phone number. Mail, fax and hand deliver your request to the Spencer County Attorney at the following address:

Spencer County Attorney  
7 W. Main Street  
PO Box 395  
Taylorsville, KY 40071

The fax number is (502) 477-3226. Send to the attention of Spencer County Attorney. If you have question call (502) 477-3225.

Note: Records generally are not available at the time a request is submitted.

**SPENCER COUNTY**  
**PUBLIC RECORDS INSPECTION APPLICATION**  
Telephone (502)477-3225 Fax (502)477-3226  
(KRS 61.870-61.991)

**PLEASE NOTE REQUESTS FOR MULTIPLE RECORDS MUST BE MADE INDIVIDUALLY.**

**1. REQUEST:**

IS THE INFORMATION REQUESTED TO BE USED FOR COMMERCIAL PURPOSE?  YES\*  NO  
*Commercial purpose is the direct or indirect use of any part of a public record, in any form, for sale, resale, solicitation, rent, or lease of a service or any use by which the user expects a profit either through commission, salary or fee. \**

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Request to inspect the following public records (be specific and specify format of record):

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

(if more space is needed, use back of this form or provide attachment)

Request for copies:  YES, I agree in advance to pay for copies of the above requested record.

NO, I do not want copies, I only wish to inspect the record.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. RECEIPT OF REQUEST:**

This application was received by the Spencer County Attorney's Office on

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

Signature of Person Receiving Application \_\_\_\_\_

Request forwarded to: \_\_\_\_\_ / \_\_\_\_\_ AM/PM

Name/Department \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**3. RESPONSE TO REQUEST:**

*This section to be completed by person responding to request.*

(  ) The public record requested is available for inspection in the Office of \_\_\_\_\_ and may be viewed on \_\_\_\_\_ at \_\_\_\_\_ AM/PM.

(  ) The public record requested is available and copies can be received on \_\_\_\_\_ at \_\_\_\_\_ AM/PM.

(  ) The public record requested is not available at this time OR \_\_\_\_\_ is denied for the following reason(s):

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

\_\_\_\_\_  
Signature/Title of Approving Official Department Date \_\_\_\_\_ AM/PM Time \_\_\_\_\_

Return this form to the Spencer County Attorney's Office within three (3) working days.

\_\_\_\_\_  
Signature of Notifier \_\_\_\_\_ AM/PM Date/Time Applicant Notified of Response