

## NOTICE

ADMINISTRATIVE REGULATIONS GOVERNING INSPECTION OF THE  
PUBLIC RECORDS OF THE \_\_\_\_\_

(Name of Library)

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(Library Address)

Pursuant to KRS 61.870 to 61.884, the public is notified that, as provided herein, the public records of the above named Agency of the Commonwealth of Kentucky are open for inspection by any person on written application to \_\_\_\_\_ (name), \_\_\_\_\_ (title), official custodian of the public records of the \_\_\_\_\_ (Library) whose address is \_\_\_\_\_ from \_\_\_\_ a.m. to \_\_\_\_ p.m., Monday through Friday, each week, except holidays. Application forms for the inspection of the public records of this agency will be furnished on request to any person by an employee in this office. Assistance in completing the application form will be provided by an employee on request.

Applicants for the inspection of public records shall be advised of the availability of the records requested for inspection, and shall be notified in writing not later than three (3) working days after receipt of an application for inspection of any reason the records requested are not available for public inspection.

Copies of written material in the public records of this agency shall be furnished to any person requesting them on payment of a fee of ten (10) cents a page; copies of unwritten records (photographs, maps, material stored in computer files or libraries, etc.) shall be furnished on request, on payment of a charge equal to the actual cost of producing copies of such records by the most economic process not likely to damage or alter the record.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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(Library Board President)

\_\_\_\_\_ **County Public Library**  
\_\_\_\_\_, Kentucky

REQUEST TO INSPECT PUBLIC RECORDS  
RE KRS CH. 61

DATE \_\_\_\_\_

I request to inspect the following document(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of copies of each document requested @ 10¢ a page: \_\_\_\_\_

Enclosed \$ \_\_\_\_\_      Check       Money Order       Cash

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

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**DISPOSITION**

The following disposition was made of the above request:

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

\_\_\_\_\_  
Signature of Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount Received