

# PUBLIC RECORDS INSPECTION APPLICATION

## City of Bowling Green, Kentucky

Telephone 270-393-3000 Fax 270-393-3698

Email [CityClerkOpenRecords@bgky.org](mailto:CityClerkOpenRecords@bgky.org)

(KRS 61.870-61.991 & Code of Ordinances 2-19)

### 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.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Request to Inspect the Following Public Records (Be Specific and Specify Format of Records): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request for copies: \_\_\_\_\_ YES, I agree in advance to pay for copies of the above requested records.  
\_\_\_\_\_ NO  
(If more space is needed, use back of this form or provide attachment)

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

### 2) **RECEIPT OF REQUEST:**

This application received by the Office of: ( ) City Clerk ( ) City Attorney ( ) Building Inspection ( ) Licensing  
( ) Other

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M./P.M.

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

Request forwarded to: \_\_\_\_\_ / \_\_\_\_\_ A.M./P.M.  
Name/Department Date/Time

### 3) **RESPONSE TO REQUEST:**

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

( ) The public records requested are available for inspection in the Office of \_\_\_\_\_ and may be viewed or copies received on \_\_\_\_\_ at \_\_\_\_\_ A.M./P.M.

( ) The public records requested are not available at this time OR inspection is denied for the following reason(s):

( ) Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature/Title of Approving Official Department Date/Time A.M./P.M.

Return completed form to Office of City Clerk within three (3) business days.

\_\_\_\_\_  
Signature of Notifier

\_\_\_\_\_  
Date/Time Applicant Notified of Response